

1 UNITED STATES DISTRICT COURT
2 FOR THE NORTHERN DISTRICT OF OHIO
3 EASTERN DIVISION

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5 IN RE: NATIONAL :
PRESCRIPTION : MDL No. 2804
6 OPIATE LITIGATION :
_____ : Case No.
7 : 1:17-MD-2804
THIS DOCUMENT RELATES :
8 TO ALL CASES : Hon. Dan A. Polster

9 - - -

10 HIGHLY CONFIDENTIAL
11 SUBJECT TO FURTHER CONFIDENTIALITY REVIEW
12

13 - - -

14 Videotaped deposition of ERIN M. COX, held at
15 the offices of Spangenberg Shibley & Liber LLP,
16 1001 Lakeside Avenue, Suite 1700, Cleveland, Ohio
17 44114, on January 17, 2019, commencing at
18 8:58 a.m., before Carol A. Kirk, Registered Merit
19 Reporter and Notary Public.

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22
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24 deps@golkow.com

Page 2	Page 4
<p>1 A P P E A R A N C E S:</p> <p>2 On behalf of the Plaintiffs:</p> <p>3 ROBBINS GELLER RUDMAN & DOWD LLP</p> <p>4 BY: MARK J. DEARMAN, ESQUIRE</p> <p>5 mdearman@rgrd.com</p> <p>6 RICARDO J. MARENCO, ESQUIRE</p> <p>7 rmarenco@rgrd.com</p> <p>8 120 East Palmetto Park Road, Suite 500</p> <p>9 Boca Raton, Florida 33432</p> <p>10 561-750-3000</p> <p>11</p> <p>12 On behalf of Cardinal Health, Inc.</p> <p>13 PORTER WRIGHT MORRIS & ARTHUR LLP</p> <p>14 BY: JILL G. OKUN, ESQUIRE</p> <p>15 jokun@porterwright.com</p> <p>16 950 Main Avenue, Suite 500</p> <p>17 Cleveland, Ohio 44113</p> <p>18 216-443-9000</p> <p>19</p> <p>20 On behalf of AmerisourceBergen Corporation:</p> <p>21 JACKSON KELLY PLLC</p> <p>22 BY: JILL MCINTYRE, ESQUIRE</p> <p>23 jmcintyre@jacksonkelly.com</p> <p>24 500 Lee Street East, Suite 1600</p> <p>Charleston, West Virginia 25301</p> <p>304-340-1018</p> <p>On behalf of Walmart:</p> <p>JONES DAY</p> <p>BY: CASTEEL BORSAY, ESQUIRE</p> <p>cborsay@jonesday.com</p> <p>325 John H. McConnell Boulevard, Suite 600</p> <p>Columbus, Ohio 43215-2673</p> <p>614-469-3939</p>	<p>1 VIDEOTAPED DEPOSITION OF ERIN M. COX</p> <p>2 INDEX TO EXAMINATION</p> <p>3 WITNESS PAGE</p> <p>4 ERIN M. COX</p> <p>5 CROSS-EXAMINATION BY MR. DEARMAN: 9</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p>
Page 3	Page 5
<p>1 On behalf of Endo Pharmaceuticals, Inc.,</p> <p>2 Endo Health Solutions, Inc., Par Pharmaceutical, Inc.,</p> <p>3 and Par Pharmaceutical Companies, Inc.:</p> <p>4 ARNOLD & PORTER KAYE SCHOLER, LLP</p> <p>5 BY: RYAN Z. WATTS, ESQUIRE</p> <p>6 ryan.watts@arnoldporter.com</p> <p>7 601 Massachusetts Avenue, NW</p> <p>8 Washington, DC 20001</p> <p>9 202-942-5000</p> <p>10</p> <p>11 On behalf of Mallinckrodt:</p> <p>12 ROPES & GRAY LLP</p> <p>13 BY: ROCKY C. TSAI, ESQUIRE</p> <p>14 rocky.tsai@ropesgray.com</p> <p>15 ELISSA C. REIDY, ESQUIRE</p> <p>16 elissa.reidy@ropesgray.com</p> <p>17 800 Boylston Street</p> <p>18 Boston, Massachusetts 02199</p> <p>19 614-951-7000</p> <p>20</p> <p>21 ALSO PRESENT:</p> <p>22 Frank Stanek, Videographer</p> <p>23</p> <p>24</p>	<p>1 VIDEOTAPED DEPOSITION OF ERIN M. COX</p> <p>2 INDEX TO EXHIBITS</p> <p>3 MALLINCKRODT-COX DESCRIPTION PAGE</p> <p>4 Mallinckrodt-Cox 1 Plaintiffs' Notice of 18</p> <p>5 Oral Videotaped Fact</p> <p>6 Depositions of Jane</p> <p>7 Williams, Susan Joliff,</p> <p>8 Erin Cox, and Kevin</p> <p>9 Becker, and Requests for</p> <p>10 Production of Documents</p> <p>11 Mallinckrodt-Cox 2 Resume for Erin M. 28</p> <p>12 Dunford, Bates-stamped</p> <p>13 MNK-T1_0007918544 through</p> <p>14 7918547 -</p> <p>15</p> <p>16 Mallinckrodt-Cox 3 Letter to Ms. Dunford 41</p> <p>17 from Ms. LaPlante, dated</p> <p>18 April 5, 2010, Bates-</p> <p>19 stamped MNK_T1_0007918510</p> <p>20 through 7918515 -</p> <p>21</p> <p>22 Mallinckrodt-Cox 4 Letter to Ms. Cox from 52</p> <p>23 Ms. Jordan, dated March</p> <p>24 24, 2014, Bates-stamped</p> <p>MNK_T1_0007918506 and</p> <p>7918507 -</p> <p>Mallinckrodt-Cox 5 E-mail to Ms. Cox from 74</p> <p>Ms. Terp, dated</p> <p>5/10/2013, with attached</p> <p>50602-Rx Push Report,</p> <p>Bates-stamped</p> <p>MNK-T1_0002403648 and</p> <p>2403649 -</p> <p>Mallinckrodt-Cox 6 Excel spreadsheets, 78</p> <p>Bates-stamped</p> <p>MNK-T1-0000090455</p>

<p style="text-align: right;">Page 6</p> <p>1 INDEX TO EXHIBITS (CONT'D)</p> <p>2 MALLINCKRODT-COX DESCRIPTION PAGE</p> <p>3 Mallinckrodt-Cox 7 E-mail chain ending with 88 an e-mail to Ms. Dunford from Ms. Dunford, dated 3/17/2011, with attached 30305 E4217981_1 report attached, Bates-stamped MNK-T1_0004811994</p> <p>6 Mallinckrodt-Cox 8 Report dated from 93 10/1/2013 through 6/5/2014, Bates-stamped MNK-T1-0000089991</p> <p>9 Mallinckrodt-Cox 9 E-mail to Mr. Boehms and 102 others from Mr. Becker, dated 10/18/2013, with attached One Mallinckrodt workshop slides attached, Bates-stamped MNK-T1_0001014384</p> <p>13 Mallinckrodt-Cox 10 E-mail to Mr. Dress from 113 Ms. Cox, dated 8/22/2014, with attached updated TAP-Lorain report, Bates-stamped MNK-T1_0002078593 and 2078594</p> <p>17 Mallinckrodt-Cox 11 E-mail to Mr. Breseman 116 and others from Mr. Dress, dated 5/5/2014, Bates-stamped MNK-T1_0004748035</p> <p>20 Mallinckrodt-Cox 12 E-mail to Ms. Cox from 120 Mr. Dress, dated 5/30/2014, with attached 2014 Mid-Year Performance Discussion Guide, Bates-stamped MNK-T1_0001013251 through 24 1013254</p>	<p style="text-align: right;">Page 8</p> <p>1 ---</p> <p>2 P R O C E E D I N G S</p> <p>3 ---</p> <p>4 THE VIDEOGRAPHER: We are now on</p> <p>5 the record. My name is Frank Stanek. I</p> <p>6 am a videographer for Golkow Litigation</p> <p>7 Services. Today's date is January 17,</p> <p>8 2019, and the time is 8:58 a.m.</p> <p>9 This deposition is being held in</p> <p>10 Cleveland, Ohio in Re of National</p> <p>11 Prescription Opiate Litigation for the</p> <p>12 United States District Court, Northern</p> <p>13 District of Ohio, Eastern Division. The</p> <p>14 deponent is Erin Cox.</p> <p>15 Will counsel please identify</p> <p>16 themselves.</p> <p>17 MR. DEARMAN: Mark Dearman,</p> <p>18 Ricardo Marengo, from Robbins Geller for</p> <p>19 Plaintiffs.</p> <p>20 MR. TSAI: Rocky Tsai, Ropes &</p> <p>21 Gray, for the witness, Ms. Cox, and for</p> <p>22 Mallinckrodt LLC.</p> <p>23 MS. REIDY: Elissa Reidy, Ropes &</p> <p>24 Gray, for the witness Erin Cox and for</p>
<p style="text-align: right;">Page 7</p> <p>1 INDEX TO EXHIBITS (CONT'D)</p> <p>2 MALLINCKRODT-COX DESCRIPTION PAGE</p> <p>3 Mallinckrodt-Cox 13 E-mail to Mr. Becker from 131 Ms. Cox, dated 4 11/20/2013, Bates-stamped MNK-T1_0004800768 and 5 4800769</p> <p>6 Mallinckrodt-Cox 14 Document titled "Pain 136 Management pocketcard 7 Set," Bates-stamped MNK-T1_0002183040 through 8 2183043</p> <p>9 Mallinckrodt-Cox 15 E-mail chain ending with 138 an e-mail to Mr. Burd from Mr. Wessler, dated 10 5/29/2008, with 11 attachment, Bates-stamped MNK-T1_002248914 through 12 2248926</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p>	<p style="text-align: right;">Page 9</p> <p>1 Mallinckrodt LLC.</p> <p>2 MS. OKUN: Jill Okun for Cardinal</p> <p>3 Health.</p> <p>4 MS. BORSAY: Casteel Borsay from</p> <p>5 Jones Day on behalf of Walmart.</p> <p>6 THE COURT REPORTER: On the phone?</p> <p>7 MS. MCINTYRE: Jill McIntyre,</p> <p>8 Jackson Kelly, for AmerisourceBergen.</p> <p>9 MR. WATTS: And this is Ryan Watts</p> <p>10 with Arnold & Porter on behalf of Endo</p> <p>11 Health Solutions, Inc., Endo</p> <p>12 Pharmaceuticals, Inc., Par</p> <p>13 Pharmaceutical, Inc., and Par</p> <p>14 Pharmaceutical Companies, Inc.</p> <p>15 THE VIDEOGRAPHER: The court</p> <p>16 reporter is Carol Kirk and will now</p> <p>17 swear in the witness.</p> <p>18 ---</p> <p>19 ERIN M. COX</p> <p>20 being by me first duly sworn, as hereinafter</p> <p>21 certified, deposes and says as follows:</p> <p>22 CROSS-EXAMINATION</p> <p>23 BY MR. DEARMAN:</p> <p>24 Q. Good morning.</p>

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1 A. Good morning.
 2 Q. My name is Mark Dearman. We met
 3 before the depo started. I'm going to ask you
 4 some questions today.
 5 What is your full name?
 6 A. My name is Erin Marie Cox.
 7 Q. Okay. And what is your business
 8 address?
 9 A. [REDACTED]
 10 [REDACTED]
 11 Q. Is that also your residential
 12 address?
 13 A. It is.
 14 Q. Okay. What is your current
 15 occupation?
 16 A. I am a territory manager.
 17 Q. For whom?
 18 A. BioDelivery Sciences.
 19 Q. Have you ever testified at a
 20 deposition or other proceeding?
 21 A. I have not.
 22 Q. Okay. So although your counsel
 23 probably explained some of this to you, I'm
 24 going to give you some of the ground rules. I'm

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1 going to ask you questions, which you need to
 2 answer orally. From time to time we shake our
 3 head yes or no or we go "mm-hmm" or "huh-uh,"
 4 but that won't give us a clear record. So if
 5 you would answer orally and out loud, I would
 6 appreciate it.
 7 If you answer a question that I
 8 ask you, I'm going to assume that you understood
 9 it. So if you don't understand one of my
 10 questions, which is likely to happen, just say,
 11 "Mark, I don't understand the question," and
 12 I'll go ahead and rephrase it, okay?
 13 A. Okay.
 14 Q. There will be some -- there
 15 possibly will be some objections from your
 16 counsel during the deposition, and so unless
 17 your counsel instructs you not to answer a
 18 question, after the objection, you're required
 19 to answer the question. Okay?
 20 A. Okay.
 21 Q. Is there any reason that you can't
 22 give your full and accurate testimony today?
 23 A. There is not.
 24 Q. Okay. Are you represented at this

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1 deposition?
 2 A. I am.
 3 Q. And by who?
 4 A. Rocky Tsai and Elissa Reidy from
 5 Ropes & Gray.
 6 Q. And do you have a representation
 7 agreement with Ropes & Gray?
 8 A. I do.
 9 Q. Okay. And is that a written
 10 representation agreement?
 11 A. It is.
 12 Q. Okay. And do you have a copy of
 13 that with you here today?
 14 A. I do not.
 15 Q. Okay. Are you familiar with the
 16 term "diversion"?
 17 A. I am.
 18 Q. And what is your understanding of
 19 the term "diversion"?
 20 A. The misuse of a product taken or
 21 distributed for unintended purposes.
 22 Q. How about "suspicious order
 23 monitoring," have you heard that term? SOM?
 24 A. I've never heard that term.

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1 Q. Okay. How about "suspicious
 2 order"?
 3 A. I've never heard that term.
 4 Q. "Peculiar order"?
 5 A. Again, I've never heard that term.
 6 Q. "Order of interest"?
 7 A. Never heard that term.
 8 Q. How about the terms "educate and
 9 inform"?
 10 A. Yes, I'm familiar.
 11 Q. Okay. Can you please give me your
 12 familiarity with the terms, together, "educate"
 13 and "inform"?
 14 A. Educate and inform in relation to
 15 what?
 16 Q. You tell me.
 17 A. My current role, as it stands, is
 18 to educate and inform healthcare providers of
 19 the benefits of my current product. I get -- my
 20 job is to stay compliant and ethically on label
 21 and provide my accounts with information to the
 22 best of my ability.
 23 Q. Would you say that educate and
 24 inform is an important part of your current job?

<p style="text-align: right;">Page 14</p> <p>1 A. It is, yes.</p> <p>2 Q. Okay. And would you, at your</p> <p>3 current job, have received training with regard</p> <p>4 to how to educate and inform?</p> <p>5 A. Yes, I do.</p> <p>6 Q. And in what format did that</p> <p>7 training come, at your current position?</p> <p>8 A. My current position with</p> <p>9 BioDelivery?</p> <p>10 Q. Yes, ma'am.</p> <p>11 A. Webinars, conference calls, live</p> <p>12 in-person training.</p> <p>13 Q. Were you provided -- from your</p> <p>14 current employer, were you provided with any</p> <p>15 materials that would instruct you and assist you</p> <p>16 in how to properly educate and inform?</p> <p>17 A. Yes.</p> <p>18 Q. Okay. So the terms "educate" and</p> <p>19 "inform" are familiar to you?</p> <p>20 A. They are.</p> <p>21 Q. And those terms were familiar to</p> <p>22 you -- they're familiar to you in your current</p> <p>23 job as a territory manager, correct?</p> <p>24 A. They are, correct.</p>	<p style="text-align: right;">Page 16</p> <p>1 occurs unless there's a history of abuse?</p> <p>2 A. No, I have never made a comment</p> <p>3 like that.</p> <p>4 Q. Did you ever tell doctors, that</p> <p>5 you were dealing with, to always ask about a</p> <p>6 patient's pain and to accept the patient's</p> <p>7 report of pain?</p> <p>8 A. Not that I can recall have I ever</p> <p>9 had that type of dialogue with a provider.</p> <p>10 Q. Have you ever provided any doctors</p> <p>11 that you were dealing with with information,</p> <p>12 written information, indicating that opioids</p> <p>13 aren't addictive?</p> <p>14 A. I was never instructed or had a</p> <p>15 conversation with a doctor to talk about the --</p> <p>16 how an opioid can -- is not addictive, no.</p> <p>17 Q. Okay. Did you ever talk to</p> <p>18 doctors about opioids being addictive?</p> <p>19 A. I've always talked to doctors</p> <p>20 about the risks associated with opioids, as</p> <p>21 stated in the black box on all of my products.</p> <p>22 Q. All right. And my question was a</p> <p>23 little bit different. I'm not asking you</p> <p>24 whether you actually verbally told a doctor</p>
<p style="text-align: right;">Page 15</p> <p>1 Q. Are you familiar with what a pain</p> <p>2 card is?</p> <p>3 A. A pain card? No, I'm not.</p> <p>4 Q. How about a pocket card?</p> <p>5 A. I've never heard of pocket card.</p> <p>6 Q. Pocket guide?</p> <p>7 A. A pocket guide? No, I've never</p> <p>8 heard that.</p> <p>9 Q. You current -- do you currently</p> <p>10 interact with doctors or physicians, healthcare</p> <p>11 professionals in your current position?</p> <p>12 A. Yes, I currently do.</p> <p>13 Q. And previous to this position, did</p> <p>14 you do that?</p> <p>15 A. I did, yes.</p> <p>16 Q. And did you do that at</p> <p>17 Mallinckrodt?</p> <p>18 A. I did, yes.</p> <p>19 Q. Okay. Have you ever told a doctor</p> <p>20 that opioids aren't addictive?</p> <p>21 A. I've never told a doctor an opioid</p> <p>22 is not addictive.</p> <p>23 Q. Have you ever told doctors that</p> <p>24 you targeted that -- that addiction rarely</p>	<p style="text-align: right;">Page 17</p> <p>1 that. I'm asking you whether or not you had</p> <p>2 ever provided a doctor with a written material</p> <p>3 provided by your current employer or any</p> <p>4 employer, which indicated that addiction rarely</p> <p>5 occurs unless there's a history of abuse.</p> <p>6 A. I've never -- no, that's not --</p> <p>7 no.</p> <p>8 Q. Ever provided documents, written</p> <p>9 documents or materials, to doctors telling them</p> <p>10 that -- to always ask a patient about pain and</p> <p>11 to accept the patient's report of pain?</p> <p>12 A. That -- that type of dialogue has</p> <p>13 never -- that was never part of my current</p> <p>14 training or my previous training. That would --</p> <p>15 that type of conversation would not have come</p> <p>16 up. That is not a common dialogue we would have</p> <p>17 had.</p> <p>18 Q. Okay. And you would not have</p> <p>19 provided written materials to that extent to any</p> <p>20 of the doctors that you were dealing with,</p> <p>21 correct?</p> <p>22 A. As far as I can recall, I've never</p> <p>23 provided any written materials.</p> <p>24 - - -</p>

<p style="text-align: right;">Page 18</p> <p>1 (Mallinckrodt-Cox Exhibit 1 marked.)</p> <p>2 ---</p> <p>3 BY MR. DEARMAN:</p> <p>4 Q. I'm going to show you what we're</p> <p>5 going to mark as Exhibit Number 1, which is the</p> <p>6 notice.</p> <p>7 Have you seen this document before</p> <p>8 today?</p> <p>9 A. I have, yes.</p> <p>10 Q. Okay. When is the first time</p> <p>11 you've seen this document?</p> <p>12 A. Yesterday.</p> <p>13 Q. Where did you see this document?</p> <p>14 A. At Hahn Loeser.</p> <p>15 Q. Where?</p> <p>16 A. At another law firm.</p> <p>17 Q. Okay. What did you do to prepare</p> <p>18 for this deposition?</p> <p>19 A. I met with my attorneys.</p> <p>20 Q. And when did you do that?</p> <p>21 A. The end of November and yesterday.</p> <p>22 Q. So two times?</p> <p>23 A. Two times.</p> <p>24 Q. In addition to meeting with your</p>	<p style="text-align: right;">Page 20</p> <p>1 documents refreshed your recollection as to any</p> <p>2 of the issues?</p> <p>3 MR. TSAI: I'll just instruct the</p> <p>4 witness not to reveal any specific</p> <p>5 documents that were compiled and</p> <p>6 discussed with counsel. You can talk</p> <p>7 about general categories. Go ahead.</p> <p>8 Q. And again, to be clear, I'm only</p> <p>9 asking you about -- I'm not asking you about all</p> <p>10 the documents you looked at, just the ones that</p> <p>11 refreshed your recollection.</p> <p>12 MR. TSAI: Same instruction.</p> <p>13 A. General sales aids.</p> <p>14 Q. What is a "sales aid"?</p> <p>15 (Reporter clarification.)</p> <p>16 THE WITNESS: Sales aids.</p> <p>17 A. The standard marketing piece that</p> <p>18 we used in the field. It had been almost ten</p> <p>19 years since I had seen it, so, of course, it</p> <p>20 refreshed my memory a bit of the products.</p> <p>21 Q. And were there more than one</p> <p>22 marketing piece, or when you refer to</p> <p>23 "standard," there was sort of one?</p> <p>24 A. Really only one that stands out.</p>
<p style="text-align: right;">Page 19</p> <p>1 attorneys, have you spoken to your attorneys by</p> <p>2 telephone?</p> <p>3 A. I have not.</p> <p>4 Q. Okay. The end of November, where</p> <p>5 was it that you met?</p> <p>6 A. At Hahn Loeser.</p> <p>7 Q. And who did you meet with?</p> <p>8 A. Rocky and Elissa.</p> <p>9 Q. Was there anybody else present at</p> <p>10 that meeting?</p> <p>11 A. There was not.</p> <p>12 Q. How long did that meeting go for?</p> <p>13 A. Four to five hours.</p> <p>14 Q. Okay. Did you bring any documents</p> <p>15 to that meeting?</p> <p>16 A. I did not.</p> <p>17 Q. Were any documents provided to you</p> <p>18 at that meeting?</p> <p>19 A. They were.</p> <p>20 Q. Okay. Did any of those documents</p> <p>21 refresh your recollection as to any of the</p> <p>22 issues?</p> <p>23 A. Yes.</p> <p>24 Q. Which documents or what type of</p>	<p style="text-align: right;">Page 21</p> <p>1 Q. And what was that document called?</p> <p>2 A. I don't remember.</p> <p>3 Q. Was it a PowerPoint? Was it an</p> <p>4 e-mail? What kind of document was it?</p> <p>5 A. Not a PowerPoint. It was just a</p> <p>6 photocopy of our aids that we used.</p> <p>7 Q. Okay. And what were the purpose</p> <p>8 of the aids?</p> <p>9 A. What were the purpose of the aids</p> <p>10 during my employment with Mallinckrodt?</p> <p>11 Q. Yeah.</p> <p>12 A. To have a visual when speaking</p> <p>13 with providers on education.</p> <p>14 Q. Is it something that you would</p> <p>15 bring with you to meetings with doctors or</p> <p>16 healthcare professionals?</p> <p>17 A. It was, yes.</p> <p>18 Q. Is it a document that you would</p> <p>19 provide to healthcare professionals?</p> <p>20 A. No. These weren't things we left</p> <p>21 behind.</p> <p>22 Q. Okay. Was this in paper format or</p> <p>23 was it on an iPad or --</p> <p>24 A. It was on both.</p>

<p style="text-align: right;">Page 22</p> <p>1 Q. Okay. Any other documents that</p> <p>2 you looked at that refreshed your recollection?</p> <p>3 A. Not in particular, no.</p> <p>4 Q. Did you review any e-mails?</p> <p>5 MS. McINTYRE: I'm sorry to</p> <p>6 interrupt, but we don't have realtime,</p> <p>7 and we can't hear the witness.</p> <p>8 (Pause in proceedings.)</p> <p>9 THE VIDEOGRAPHER: On the record,</p> <p>10 9:31.</p> <p>11 BY MR. DEARMAN:</p> <p>12 Q. When we took a break, we were</p> <p>13 talking about what you did to prepare for the</p> <p>14 deposition, and you talked about that first</p> <p>15 meeting with your attorneys at the end of</p> <p>16 November. Was there a second meeting?</p> <p>17 A. Yes, yesterday.</p> <p>18 Q. Okay. And where did that occur?</p> <p>19 A. Hahn Loeser.</p> <p>20 Q. And how long did that occur --</p> <p>21 take place for?</p> <p>22 A. About four hours.</p> <p>23 Q. And who was present?</p> <p>24 A. Elissa and Rocky.</p>	<p style="text-align: right;">Page 24</p> <p>1 distribution, suspicious order monitoring and</p> <p>2 lobbying efforts in connection with its opioid</p> <p>3 business"?</p> <p>4 A. I did not.</p> <p>5 Q. You currently work out of your</p> <p>6 house?</p> <p>7 A. Yes. Theoretically, out of my</p> <p>8 car, but yes.</p> <p>9 Q. Okay. But do you have an office</p> <p>10 in your house?</p> <p>11 A. I do.</p> <p>12 Q. And just so the record is clear,</p> <p>13 did you look at -- did you look through any of</p> <p>14 your documents or computers or any of your</p> <p>15 electronic devices to see whether you had any</p> <p>16 materials responsive to number 2?</p> <p>17 A. I did not have any materials from</p> <p>18 my previous employer.</p> <p>19 Q. And how do you know that?</p> <p>20 A. I looked -- I -- everything was</p> <p>21 destroyed and given back once I resigned.</p> <p>22 Q. Okay. Did you look for them,</p> <p>23 though?</p> <p>24 A. I did look for them knowing that</p>
<p style="text-align: right;">Page 23</p> <p>1 Q. Okay. And, again, were you -- did</p> <p>2 you bring any documents to that meeting?</p> <p>3 A. No, I did not.</p> <p>4 Q. Were you shown documents?</p> <p>5 A. I was, yes.</p> <p>6 Q. Okay. And did any of those</p> <p>7 documents refresh your recollection relating to</p> <p>8 any of the issues in the case?</p> <p>9 A. They did not.</p> <p>10 Q. Going back to Exhibit 1, which is</p> <p>11 the notice of taking deposition, I believe you</p> <p>12 testified that you saw this yesterday for the</p> <p>13 first time?</p> <p>14 A. I did, yes.</p> <p>15 Q. If you turn to page 5 of the</p> <p>16 document and you look at the bottom where it</p> <p>17 says "Documents to be produced," did you bring a</p> <p>18 current copy of your resumé with you today?</p> <p>19 A. I did not.</p> <p>20 Q. If you look at request number 2,</p> <p>21 did you search for -- we'll start with, did you</p> <p>22 look for "documents, including electronic data,</p> <p>23 e-mail in your possession related any way to any</p> <p>24 Defendants' manufacture, marketing, sale,</p>	<p style="text-align: right;">Page 25</p> <p>1 there -- to double check there was nothing</p> <p>2 there.</p> <p>3 Q. Okay. When did you do that?</p> <p>4 A. In November.</p> <p>5 Q. Why did you do that?</p> <p>6 A. I believe my attorneys told me if</p> <p>7 I had anything, to hold on to it, and I did not</p> <p>8 have anything pertaining to the case.</p> <p>9 Q. Did you speak with any other</p> <p>10 Mallinckrodt current or former employees about</p> <p>11 this deposition?</p> <p>12 A. I did.</p> <p>13 Q. Who?</p> <p>14 A. Susan Jolliff.</p> <p>15 Q. When did you speak to Susan?</p> <p>16 A. Before the holidays.</p> <p>17 Q. Was that after or before her</p> <p>18 deposition?</p> <p>19 A. Before, I believe.</p> <p>20 Q. Did she call you? Did you call</p> <p>21 her? How did that come to be?</p> <p>22 A. I don't remember. She's a friend</p> <p>23 of mine. We speak regularly.</p> <p>24 Q. Did you talk to her about this</p>

<p style="text-align: right;">Page 26</p> <p>1 deposition?</p> <p>2 A. I did not.</p> <p>3 Q. Did she talk to you about the</p> <p>4 deposition?</p> <p>5 A. She did not.</p> <p>6 Q. Okay. Do you know -- did you know</p> <p>7 that she was deposed in this case?</p> <p>8 A. I did.</p> <p>9 Q. How did you find that out?</p> <p>10 A. I saw her name on this document.</p> <p>11 Q. So you noted that yesterday?</p> <p>12 A. No. I learned it a few weeks ago.</p> <p>13 Q. Okay.</p> <p>14 A. And confirmed it yesterday.</p> <p>15 Q. And how did you learn it a few</p> <p>16 weeks ago?</p> <p>17 A. I think I had asked her if she</p> <p>18 was -- if she got called from the Mallinckrodt</p> <p>19 attorneys.</p> <p>20 Q. And what did she say?</p> <p>21 A. She did, but that was -- we ended</p> <p>22 the conversation.</p> <p>23 Q. Why did you end the conversation?</p> <p>24 A. Because we figured we shouldn't be</p>	<p style="text-align: right;">Page 28</p> <p>1 Q. Okay. Does he know you're at a</p> <p>2 depo today?</p> <p>3 A. He does.</p> <p>4 Q. Okay. And when did he tell you</p> <p>5 that you shouldn't talk to Susan about the depo?</p> <p>6 A. As soon as I got a call from</p> <p>7 Mallinckrodt.</p> <p>8 Q. And was that before or after you</p> <p>9 spoke to Susan?</p> <p>10 A. I don't recall.</p> <p>11 Q. Okay. Do you keep in touch with</p> <p>12 anybody else from Mallinckrodt?</p> <p>13 A. I do not.</p> <p>14 Q. And did you work with Susan?</p> <p>15 A. I did.</p> <p>16 Q. In what --</p> <p>17 A. We were just on the same team. I</p> <p>18 only saw her a few times a quarter, if that, but</p> <p>19 our territories were separate.</p> <p>20 - - -</p> <p>21 (Mallinckrodt-Cox Exhibit 2 marked.)</p> <p>22 - - -</p> <p>23 BY MR. DEARMAN:</p> <p>24 Q. I'm going to show you what I'm</p>
<p style="text-align: right;">Page 27</p> <p>1 talking about it.</p> <p>2 Q. Why not?</p> <p>3 A. My husband is an attorney and told</p> <p>4 me not to talk about it.</p> <p>5 Q. Did you talk to your husband about</p> <p>6 the --</p> <p>7 A. I did not.</p> <p>8 Q. So one of the other rules, which I</p> <p>9 forgot to mention, is that you may know a</p> <p>10 question that I'm going to ask. It may be</p> <p>11 predictable --</p> <p>12 A. Sure.</p> <p>13 Q. -- and you may know, but it's</p> <p>14 important, again, for us to get a clear record</p> <p>15 that you let me ask the entire question and I'll</p> <p>16 let you give your entire answer, okay?</p> <p>17 A. Okay.</p> <p>18 Q. All right. It's completely</p> <p>19 natural in conversation, but for the depo we</p> <p>20 just need to get a clear record.</p> <p>21 A. Okay.</p> <p>22 Q. Did you have any conversation with</p> <p>23 your husband about the depo today?</p> <p>24 A. I did not.</p>	<p style="text-align: right;">Page 29</p> <p>1 going to mark as Exhibit 2. Some of the</p> <p>2 documents are going to have numbers at the</p> <p>3 bottom called Bates numbers.</p> <p>4 A. Okay.</p> <p>5 Q. So I may refer to those numbers,</p> <p>6 but it's just to clarify what pages I'm looking</p> <p>7 at. And this is 8544 through 8547.</p> <p>8 Have you seen this document</p> <p>9 before?</p> <p>10 A. I have.</p> <p>11 Q. What is it?</p> <p>12 A. This is an old copy of my resumé.</p> <p>13 Q. With the exception of adding your</p> <p>14 experience at Mallinckrodt and your current</p> <p>15 employer, is there any information that's</p> <p>16 missing off of this resumé?</p> <p>17 A. No, not that I can tell.</p> <p>18 Q. Okay. If you turn to the -- to</p> <p>19 page 8546 -- and there may be some blank pages,</p> <p>20 but that's just the way it was introduced to us.</p> <p>21 I don't know if you -- but if you turn to the</p> <p>22 bottom -- it doesn't have a page number but</p> <p>23 where it says "8546" at the bottom.</p> <p>24 A. Yeah.</p>

<p style="text-align: right;">Page 30</p> <p>1 Q. Your education is listed there?</p> <p>2 A. It is.</p> <p>3 Q. Where did you go to college?</p> <p>4 A. Kent State.</p> <p>5 Q. And what did you study there?</p> <p>6 A. Health science.</p> <p>7 Q. Other than the education, which is</p> <p>8 reflected in this document, did you -- have you</p> <p>9 received any formal education elsewhere?</p> <p>10 A. I have not.</p> <p>11 Q. After you graduated from college,</p> <p>12 talking now about work experience, what did you</p> <p>13 do?</p> <p>14 A. I worked for Lincare for a little</p> <p>15 over a year. I sold respiratory devices.</p> <p>16 Q. And what were your duties and</p> <p>17 responsibilities selling those devices?</p> <p>18 A. Cultivating relationships with</p> <p>19 healthcare professionals, educating them on the</p> <p>20 respiratory devices.</p> <p>21 Q. Did you receive training at</p> <p>22 Lincare?</p> <p>23 A. I did.</p> <p>24 Q. In what format?</p>	<p style="text-align: right;">Page 32</p> <p>1 Q. Who was your direct report at</p> <p>2 Lincare, if you know?</p> <p>3 A. I believe it was Robin Rawlings.</p> <p>4 Q. On the bullet points, it indicated</p> <p>5 that you achieved monthly sales goals for</p> <p>6 medical devices and respiratory medications. So</p> <p>7 were there goals that were provided to you by</p> <p>8 Lincare?</p> <p>9 A. I believe there were goals. I</p> <p>10 don't recall.</p> <p>11 Q. Were there any scheduled</p> <p>12 medications while you were at Lincare that you</p> <p>13 were responsible for?</p> <p>14 A. No. I only sold respiratory</p> <p>15 devices.</p> <p>16 Q. Okay. It says "and respiratory</p> <p>17 medications," so ...</p> <p>18 A. Yeah. It -- that was just part of</p> <p>19 the -- we didn't have any direct sale with --</p> <p>20 and any -- you needed our device in order to</p> <p>21 access the medication.</p> <p>22 Q. In one of the bullets, the third</p> <p>23 one says, "Develop new relationships with</p> <p>24 potential referral sources."</p>
<p style="text-align: right;">Page 31</p> <p>1 A. Sales training. It was called --</p> <p>2 a two-week sales training.</p> <p>3 Q. And what was the course called?</p> <p>4 A. I think it was called -- it began</p> <p>5 with a C. It might be on there. CPQ or</p> <p>6 something. I don't really recall.</p> <p>7 Q. Okay. And --</p> <p>8 A. QP3. That was it, QP3.</p> <p>9 Q. Is that reflected here or you just</p> <p>10 recall it?</p> <p>11 A. It is, yeah. No. It's right</p> <p>12 there.</p> <p>13 Q. Okay. What is QP3?</p> <p>14 A. I don't remember.</p> <p>15 Q. Okay. And what was your territory</p> <p>16 while at Lincare?</p> <p>17 A. The west side of Cleveland.</p> <p>18 Q. Anywhere else?</p> <p>19 A. No. I don't remember. I don't --</p> <p>20 I think it was just the west side of Cleveland.</p> <p>21 Q. Why did you leave Lincare?</p> <p>22 A. I was offered another position.</p> <p>23 Q. So you voluntarily left?</p> <p>24 A. I did.</p>	<p style="text-align: right;">Page 33</p> <p>1 What does that mean?</p> <p>2 A. Worked with hospitals and</p> <p>3 respiratory therapists to increase referrals for</p> <p>4 our product.</p> <p>5 Q. Referrals to whom or --</p> <p>6 A. To Lincare and then they would set</p> <p>7 the patient up with the device.</p> <p>8 Q. Okay. The next one is, "Hosted</p> <p>9 informational lunches with physicians, hospital</p> <p>10 staff and other decision makers about Lincare's</p> <p>11 products and services."</p> <p>12 A. Mm-hmm.</p> <p>13 Q. What does that mean?</p> <p>14 A. It's a lunch and learn to go over</p> <p>15 the features and benefits of the products,</p> <p>16 answer any questions.</p> <p>17 Q. Is lunch and learn a -- is that a</p> <p>18 term of art?</p> <p>19 A. Yeah.</p> <p>20 Q. Okay.</p> <p>21 A. It's a common term.</p> <p>22 Q. At those luncheons, did you ever</p> <p>23 have other physicians or speakers?</p> <p>24 A. No. It would just be myself and,</p>

<p style="text-align: right;">Page 34</p> <p>1 you know, the physician who would be attending</p> <p>2 learning about the product.</p> <p>3 Q. Are you familiar with the term</p> <p>4 "key opinion leader"?</p> <p>5 A. I am.</p> <p>6 Q. What is your familiarity with that</p> <p>7 term?</p> <p>8 A. It's a physician or well-respected</p> <p>9 PharmD who works in collaboration with the</p> <p>10 company to provide expert opinion, clinical</p> <p>11 information, peer-to-peer discussions. Real</p> <p>12 life patient discussions.</p> <p>13 Q. Did you ever work with any key</p> <p>14 opinion leaders?</p> <p>15 A. In what context?</p> <p>16 Q. At Mallinckrodt.</p> <p>17 A. I did.</p> <p>18 Q. Okay. And do you recall the names</p> <p>19 of the key opinion leaders?</p> <p>20 A. Dr. Bharat Shah.</p> <p>21 Q. Anybody else?</p> <p>22 A. He's the only one I worked with in</p> <p>23 my territory.</p> <p>24 Q. Okay.</p>	<p style="text-align: right;">Page 36</p> <p>1 Q. And what were your duties and</p> <p>2 responsibilities?</p> <p>3 A. Promoted the products to</p> <p>4 dermatologists and podiatrists, educated and</p> <p>5 informed healthcare professionals on the variety</p> <p>6 of products we carried. Yeah. Managed -- I was</p> <p>7 a territory manager. All of the products we had</p> <p>8 were dermatology.</p> <p>9 Q. Okay.</p> <p>10 A. Everything was a topical. I</p> <p>11 didn't sell a pill. Everything was a topical</p> <p>12 component. There was a topical lotion, film,</p> <p>13 things like that.</p> <p>14 Q. Did you receive training?</p> <p>15 A. I did.</p> <p>16 Q. And what would that -- what did</p> <p>17 that training consist of?</p> <p>18 A. A one-week training in Charleston.</p> <p>19 Q. And what was the point of the</p> <p>20 training? What was it you learned?</p> <p>21 A. To learn the features and benefits</p> <p>22 of the different products.</p> <p>23 Q. You used the term "educate and</p> <p>24 inform." Was that also the terminology that you</p>
<p style="text-align: right;">Page 35</p> <p>1 A. He was in Lorain County, which was</p> <p>2 the bulk of my territory, so ...</p> <p>3 Q. Okay. And then you left Lincare</p> <p>4 to go to where?</p> <p>5 A. JSJ Pharmaceuticals.</p> <p>6 Q. And why did you leave Lincare?</p> <p>7 A. I was looking for a different</p> <p>8 opportunity and I was offered it at this</p> <p>9 company.</p> <p>10 Q. Okay. And where was it that you</p> <p>11 worked for JSJ?</p> <p>12 A. I covered the Cleveland, Akron,</p> <p>13 Canton, Toledo, Columbus market, Youngstown, I</p> <p>14 believe, yeah.</p> <p>15 Q. And who was your direct report</p> <p>16 while there?</p> <p>17 A. Karen Savage.</p> <p>18 Q. And how long were you there? It</p> <p>19 says 2008 to --</p> <p>20 A. Yeah, 2010.</p> <p>21 Q. Okay. And were your duties and</p> <p>22 responsibilities pretty much the same between</p> <p>23 2008 and 2010?</p> <p>24 A. They were.</p>	<p style="text-align: right;">Page 37</p> <p>1 used while at JSJ?</p> <p>2 A. Sure. Yes.</p> <p>3 Q. And would they also have provided</p> <p>4 you with materials that talked about education</p> <p>5 and -- educate and inform?</p> <p>6 A. They would, yes.</p> <p>7 Q. And were those materials to be</p> <p>8 provided to the healthcare professionals you</p> <p>9 dealt with or just for you?</p> <p>10 A. It was always, as far as I can</p> <p>11 recall, for my own information and training, not</p> <p>12 to be shared with providers.</p> <p>13 Q. Was that the first time that the</p> <p>14 terminology -- that you became familiar with</p> <p>15 that terminology, "educate and inform"?</p> <p>16 A. I believe so.</p> <p>17 Q. Would that have been the first</p> <p>18 time, at least, that you had received actual</p> <p>19 written materials from an employer that talked</p> <p>20 about educating and informing?</p> <p>21 A. As far as I can recall, yes.</p> <p>22 Q. And would the materials that you</p> <p>23 had received from JSJ, would those have been</p> <p>24 similar -- not the content, but the types of</p>

<p style="text-align: right;">Page 38</p> <p>1 materials that you would have received from</p> <p>2 Mallinckrodt with regards to educate and inform?</p> <p>3 MR. TSAI: Object to the form.</p> <p>4 Go ahead.</p> <p>5 A. That's apples and oranges. These</p> <p>6 were skin conditions. It was vastly different.</p> <p>7 Q. Okay. But to be clear, you would</p> <p>8 have received written materials from</p> <p>9 Mallinckrodt during your term there which talked</p> <p>10 about educate and inform, correct?</p> <p>11 A. That's correct.</p> <p>12 Q. Your compensation at JSJ, was</p> <p>13 there a salary?</p> <p>14 A. There was a salary.</p> <p>15 Q. Was there a bonus program?</p> <p>16 A. There was.</p> <p>17 Q. Okay. And how was the bonus</p> <p>18 computed?</p> <p>19 A. We were paid on a draw, so it was</p> <p>20 a quarterly draw depending on what you brought</p> <p>21 into the territory. I don't remember the</p> <p>22 specifics. It was a convoluted bonus program, I</p> <p>23 think by design.</p> <p>24 Q. Yeah. Let me ask you this way.</p>	<p style="text-align: right;">Page 40</p> <p>1 A. It would not.</p> <p>2 Q. Okay. Why is it you left JSJ?</p> <p>3 A. They went out of business. We all</p> <p>4 left JSJ.</p> <p>5 Q. Okay. And then from JSJ, where</p> <p>6 did you go?</p> <p>7 A. I went to Mallinckrodt, which was</p> <p>8 then Covidien.</p> <p>9 Q. Okay. I'm going to refer to it as</p> <p>10 Mallinckrodt; is that okay?</p> <p>11 A. That's fine.</p> <p>12 Q. All right. And how long were you</p> <p>13 at Mallinckrodt?</p> <p>14 A. A month after I left JSJ. So I</p> <p>15 think it was April 2010 until September --</p> <p>16 August, September of 2014.</p> <p>17 Q. All right. Did you know anybody</p> <p>18 at Mallinckrodt before going over there?</p> <p>19 A. I didn't know anyone.</p> <p>20 Q. How is it that you became aware of</p> <p>21 a position at Mallinckrodt?</p> <p>22 A. A recruiter. I submitted my</p> <p>23 resumé as I was looking for a job, and a</p> <p>24 recruiter contacted me about an opening in</p>
<p style="text-align: right;">Page 39</p> <p>1 If the healthcare professionals that you were --</p> <p>2 if I say "targeting," do you -- are you familiar</p> <p>3 with that?</p> <p>4 A. I am.</p> <p>5 Q. All right. If it was -- if the</p> <p>6 healthcare professionals that you were targeting</p> <p>7 purchased more product, more JSJ product, would</p> <p>8 you receive more of a bonus?</p> <p>9 A. The physicians never purchased any</p> <p>10 product from us.</p> <p>11 Q. Okay. If the physicians who you</p> <p>12 targeted wrote prescriptions to patients who</p> <p>13 filled prescriptions for JSJ products, would</p> <p>14 that reflect in your bonus?</p> <p>15 A. It depended on -- the answer is</p> <p>16 yes, however, there was more to it. It had to</p> <p>17 do with attainment to goal and things like that.</p> <p>18 And truly, I don't remember the specifics of</p> <p>19 this bonus plan. I remember it being</p> <p>20 complicated.</p> <p>21 Q. Okay. If doctors that you had</p> <p>22 been targeting your territory wrote less</p> <p>23 prescriptions month over month over month, would</p> <p>24 you -- would your bonus increase?</p>	<p style="text-align: right;">Page 41</p> <p>1 Cleveland.</p> <p>2 Q. Okay. And what position were you</p> <p>3 hired in?</p> <p>4 A. I was hired in the Cleveland west</p> <p>5 territory.</p> <p>6 - - -</p> <p>7 (Mallinckrodt-Cox Exhibit 3 marked.)</p> <p>8 - - -</p> <p>9 BY MR. DEARMAN:</p> <p>10 Q. I'm going to show you what I'm</p> <p>11 going to mark as Exhibit 3, which is Bates range</p> <p>12 8510 through 8515.</p> <p>13 Are you familiar with this</p> <p>14 document?</p> <p>15 A. I am, yeah.</p> <p>16 Q. Okay. It indicates that you were</p> <p>17 offered, back in April of 2010, a pharmaceutical</p> <p>18 sales specialist position --</p> <p>19 A. Mm-hmm.</p> <p>20 Q. -- in the specialty</p> <p>21 pharmaceuticals business. Does that sound</p> <p>22 accurate?</p> <p>23 A. It is.</p> <p>24 Q. Okay. It refers to your salary of</p>

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1 [REDACTED] annualized?
 2 A. Mm-hmm.
 3 Q. Underneath that first paragraph it
 4 talks about "variable compensation," and it says
 5 you that -- it says that you will be eligible to
 6 participate in the sales incentive compensation
 7 program, the SICP?
 8 A. Yes.
 9 Q. The SCIP, was that the bonus
 10 program?
 11 A. As far as I can remember, yes.
 12 Q. What were your duties and
 13 responsibilities as a -- well, first, who did
 14 you report to when you started as a
 15 pharmaceutical sales specialist?
 16 A. Kevin Becker, the re -- district
 17 manager, I think, at the time was his title.
 18 Q. Were there other sales specialists
 19 that reported to Kevin?
 20 A. There was probably a team of ten.
 21 Q. Okay. What was your -- I know you
 22 probably mentioned it already, but what was your
 23 territory when you started?
 24 A. My territory when I started was --

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1 and it remained the same throughout my tenure
 2 there, Cleveland west, which was mostly Lorain
 3 County, and parts of Cuyahoga County. The
 4 Lorain County portion would have been Lorain,
 5 Elyria, Oberlin, Avon, Avon Lake. And Cuyahoga
 6 County would have been Westlake and a portion of
 7 Cleveland.
 8 Q. Did your territories change from
 9 2010 to 2014?
 10 A. My territory never changed.
 11 Q. Did your duties and
 12 responsibilities, while you were at Mallinckrodt
 13 from 2010 to 2014, change during that period of
 14 time or did they remain the same?
 15 A. They remained the same.
 16 Q. Okay. And what were your duties
 17 and responsibilities?
 18 A. I was responsible for the
 19 promotion of Pennsaid and Exalgo mostly.
 20 Q. And when you say "mostly," were
 21 there other --
 22 A. Yeah. We had two products,
 23 Sumavel DosePro and Duexis, that we promoted for
 24 a very short period of time. Part of it was

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1 when I was on maternity leave, so I didn't have
 2 much -- it was a very short period of time.
 3 Q. What kind of attorney is your
 4 husband?
 5 A. A corporate capital markets
 6 attorney.
 7 Q. Does he litigate, if you know?
 8 A. He does not.
 9 Q. Was this the first time that
 10 you -- well, when you got to Mallinckrodt, were
 11 you involved with products that were controlled
 12 substances?
 13 A. I was, yes.
 14 Q. And which of the products that you
 15 were responsible for were controlled substances?
 16 A. I was responsible for Exalgo and
 17 Pennsaid. Exalgo was the Schedule II
 18 medication.
 19 Q. That was the only Schedule II
 20 medication that you were responsible for?
 21 A. It was.
 22 Q. What was Pennsaid?
 23 A. Oh, I'm sorry. And Xartemis.
 24 Q. Okay.

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1 A. I was only there for a few months
 2 during Xartemis and then I left and went to a
 3 different company.
 4 Q. Okay.
 5 A. I usually -- I forget that I
 6 even -- was even a part of that.
 7 Q. All right. So Exalgo and XXR were
 8 the two Schedule IIs?
 9 A. They were.
 10 Q. All right. What was Pennsaid?
 11 A. A topical NSAID for osteoarthritis
 12 of the knee.
 13 Q. Would you agree that there is an
 14 opioid epidemic in this country?
 15 A. I would agree there is an opioid
 16 epidemic.
 17 Q. Would you agree that there has
 18 been an opioid epidemic for some time in this
 19 country?
 20 A. There has, yes.
 21 Q. How far back would you say that
 22 there's been an opioid epidemic, in your
 23 opinion?
 24 A. I can't really say.

<p style="text-align: right;">Page 46</p> <p>1 Q. Okay. Would you say 2000?</p> <p>2 A. Probably 2000- -- probably 2005.</p> <p>3 Q. Are you familiar with the term</p> <p>4 "CSA"?</p> <p>5 A. CS -- I am not familiar with that</p> <p>6 term.</p> <p>7 Q. Are you familiar with the term</p> <p>8 "Controlled Substances Act"?</p> <p>9 A. Not really, no.</p> <p>10 Q. Okay. What -- "not really" leads</p> <p>11 me to believe that maybe --</p> <p>12 A. I may have heard it, but I don't</p> <p>13 know what it is, yeah.</p> <p>14 Q. Okay. Did you receive any</p> <p>15 training at Mallinckrodt regarding the</p> <p>16 Controlled Substances Act?</p> <p>17 A. We received a lot of training at</p> <p>18 Mallinckrodt. I really can't -- it would have</p> <p>19 been during -- the bulk of my training would</p> <p>20 have been in 2010. I'm sure it included the</p> <p>21 CSA. I can't really remember what any of that</p> <p>22 is, though.</p> <p>23 Q. Okay. Why are you sure that your</p> <p>24 training back in 2010 would have included the</p>	<p style="text-align: right;">Page 48</p> <p>1 Q. Okay. Did you ever become aware</p> <p>2 while you were at Mallinckrodt that Mallinckrodt</p> <p>3 had a duty to monitor and implement a system to</p> <p>4 identify suspicious orders?</p> <p>5 A. No. I was not part of that. I</p> <p>6 was only the commercial side. We had no part in</p> <p>7 ordering of any type of product.</p> <p>8 Q. So you were not aware of that</p> <p>9 duty?</p> <p>10 A. I was not aware of that duty.</p> <p>11 Q. Were you aware of a duty to</p> <p>12 maintain effective controls against diversion?</p> <p>13 A. I was not. That's not -- that was</p> <p>14 not part of my job responsibilities.</p> <p>15 Q. Was detecting diversion part of</p> <p>16 your job responsibility?</p> <p>17 A. It was not.</p> <p>18 Q. Are you aware there's a case</p> <p>19 pending against pharmaceutical manufacturers and</p> <p>20 distributors involving the opioid crisis?</p> <p>21 A. Just from what my attorneys have</p> <p>22 shared with me. That's all I know.</p> <p>23 Q. Okay. Other than what your</p> <p>24 attorneys provided you, do you have any</p>
<p style="text-align: right;">Page 47</p> <p>1 CSA?</p> <p>2 A. We had a two-week very</p> <p>3 comprehensive training program with PharmDs,</p> <p>4 along with a national sales meeting that was</p> <p>5 very comprehensive. We received a lot of</p> <p>6 training.</p> <p>7 Q. I asked you earlier if you were</p> <p>8 familiar with the Controlled Substances Act and</p> <p>9 you said "not really, no." So again,</p> <p>10 notwithstanding your current answer, what was it</p> <p>11 that leads you to believe -- or what is it that</p> <p>12 leads you to believe that back in 2010 you would</p> <p>13 have received training on the Controlled</p> <p>14 Substances Act?</p> <p>15 A. We received a lot of training, a</p> <p>16 lot of different training. There were a lot of</p> <p>17 things going on. REMS programs, Cares Alliance</p> <p>18 programs. I can't recall specifically CSA, but</p> <p>19 we were -- we were well trained.</p> <p>20 Q. Okay. And so I appreciate your</p> <p>21 response, but, again, do you know whether or not</p> <p>22 you received training on the Controlled</p> <p>23 Substances Act back in 2010?</p> <p>24 A. I can't recall it.</p>	<p style="text-align: right;">Page 49</p> <p>1 knowledge of the existence of the litigation?</p> <p>2 A. I don't, no.</p> <p>3 Q. We talked about the training that</p> <p>4 you received. So there was training when you</p> <p>5 started at Mallinckrodt?</p> <p>6 A. There was.</p> <p>7 Q. And where did that training take</p> <p>8 place?</p> <p>9 A. St. Louis, Missouri.</p> <p>10 Q. And how long was that training?</p> <p>11 A. I believe the first round was two</p> <p>12 weeks, maybe a week. I can't really specify,</p> <p>13 but it was over a week.</p> <p>14 Q. Okay. And how about -- since you</p> <p>15 said "first round," I'm assuming there was a</p> <p>16 second round?</p> <p>17 A. Yeah. We had training throughout,</p> <p>18 which was another week, and then every time we</p> <p>19 got together at national sales meetings, a --</p> <p>20 the bulk of that -- that week would be spent</p> <p>21 reviewing and retraining and updating us on</p> <p>22 different themes in the industry, making sure</p> <p>23 we're staying informed, compliant. Yeah.</p> <p>24 Q. And when you say "themes," what do</p>

<p style="text-align: right;">Page 50</p> <p>1 you mean by "themes"?</p> <p>2 A. If there had been any changes to,</p> <p>3 you know -- if there were certain medications</p> <p>4 that were no longer available, we would be, you</p> <p>5 know, informed of, you know, why they weren't</p> <p>6 available or things like that.</p> <p>7 Q. And that would be referred to as a</p> <p>8 theme?</p> <p>9 A. I mean, not -- they would</p> <p>10 probably -- I'm just calling it a theme. That's</p> <p>11 just sort of ...</p> <p>12 Q. The first week training that you</p> <p>13 received, was it classroom-type training?</p> <p>14 A. It was.</p> <p>15 Q. Did you receive materials from</p> <p>16 Mallinckrodt?</p> <p>17 A. A binder, I believe, yes.</p> <p>18 Q. Do you know who performed the</p> <p>19 training?</p> <p>20 A. The training department.</p> <p>21 Q. Okay. Were there other</p> <p>22 pharmaceutical sales specialists in that</p> <p>23 training?</p> <p>24 A. There were.</p>	<p style="text-align: right;">Page 52</p> <p>1 Q. Did your position ever change</p> <p>2 from -- I understand your duties and</p> <p>3 responsibilities were constant, but did your</p> <p>4 position change from that initial position?</p> <p>5 A. I think I was given like a</p> <p>6 different title. I went from like sales</p> <p>7 representative to sales specialist, something</p> <p>8 like that, over a period of time, but my duties</p> <p>9 and responsibilities never changed.</p> <p>10 - - -</p> <p>11 (Mallinckrodt-Cox Exhibit 4 marked.)</p> <p>12 - - -</p> <p>13 Q. Let me show you Exhibit Number 4,</p> <p>14 which is Bates range 8506, 8507.</p> <p>15 It mentions -- this letter -- are</p> <p>16 you familiar with this letter, March 24, 2014?</p> <p>17 A. Yeah, I'm -- sure.</p> <p>18 Q. All right. Do you know who Tamara</p> <p>19 Jordan is?</p> <p>20 A. I don't.</p> <p>21 Q. Okay. Field sales specialist,</p> <p>22 would that have been your second title at</p> <p>23 Mallinckrodt?</p> <p>24 A. I believe so, yes.</p>
<p style="text-align: right;">Page 51</p> <p>1 Q. Were there other employees other</p> <p>2 than pharmaceutical sales, or was this just for</p> <p>3 pharmaceutical sales?</p> <p>4 A. It was just for the sales team,</p> <p>5 new sales members.</p> <p>6 Q. Future training that you</p> <p>7 mentioned, additional training after that first</p> <p>8 week, was there any training that would be done</p> <p>9 on a computer or a Mallinckrodt portal, like a</p> <p>10 website where you'd sign in?</p> <p>11 A. There were. There were</p> <p>12 different -- there were lots of different</p> <p>13 opportunities to engage us in training. I do</p> <p>14 believe there was a portal. I can't recall the</p> <p>15 specifics of it, but there were opportunities</p> <p>16 to, you know, gain our commitment to staying on</p> <p>17 label, refreshing our memory, just making sure</p> <p>18 that we're staying compliant with what was on</p> <p>19 label for both products.</p> <p>20 Q. Do you own any Mallinckrodt stock?</p> <p>21 A. I do not.</p> <p>22 Q. Does your husband own any</p> <p>23 Mallinckrodt stock?</p> <p>24 A. He does not.</p>	<p style="text-align: right;">Page 53</p> <p>1 Q. Again, duties and responsibilities</p> <p>2 are the same?</p> <p>3 A. Correct.</p> <p>4 Q. You were reporting to Kevin Becker</p> <p>5 before. Are you still reporting to Kevin Becker</p> <p>6 at this point?</p> <p>7 A. I am.</p> <p>8 Q. Who's Tim Dress?</p> <p>9 A. Tim Dress is -- he was a colleague</p> <p>10 of mine and he was the district manager. I</p> <p>11 would have reported to him for a short period of</p> <p>12 time before I left Mallinckrodt.</p> <p>13 Q. Okay. Currently it's still Kevin</p> <p>14 Becker, though?</p> <p>15 A. At my new company, it's Kevin</p> <p>16 Becker, yes. Currently, yeah, my current</p> <p>17 company.</p> <p>18 Q. Okay. So the company that you're</p> <p>19 at now, the new company, Kevin Becker is your --</p> <p>20 A. Yes.</p> <p>21 Q. Okay. But while you were a field</p> <p>22 sales specialist, it was also Kevin Becker?</p> <p>23 A. It was.</p> <p>24 Q. Okay. And here it talks about</p>

<p style="text-align: right;">Page 54</p> <p>1 your salary of \$ [REDACTED] and you were also</p> <p>2 participating in the bonus program as well?</p> <p>3 A. I was.</p> <p>4 Q. Now, you worked in the -- for the</p> <p>5 sales group, correct?</p> <p>6 A. I do.</p> <p>7 Q. Was there a marketing group?</p> <p>8 A. I believe there was, yes.</p> <p>9 Q. Did you have any interaction with</p> <p>10 the marketing group?</p> <p>11 A. No.</p> <p>12 Q. And was one of your</p> <p>13 responsibilities in this sales group to know who</p> <p>14 your competitors were?</p> <p>15 A. It was.</p> <p>16 Q. And why was that one of your</p> <p>17 responsibilities?</p> <p>18 A. Our -- we were responsible for</p> <p>19 knowing the competitive landscape so we could,</p> <p>20 you know, stay informed and, you know, know who</p> <p>21 the competition was, what they offered, and how</p> <p>22 they were different from our products.</p> <p>23 Q. Would you agree that OxyContin CR</p> <p>24 and Opana ER were your main competitors?</p>	<p style="text-align: right;">Page 56</p> <p>1 wasn't something that was shared to us -- shared</p> <p>2 with us.</p> <p>3 Q. Are you familiar with the term</p> <p>4 "abuse deterrents"?</p> <p>5 A. I am.</p> <p>6 Q. How would you describe that or</p> <p>7 explain that?</p> <p>8 A. An abuse deterrent medication, to</p> <p>9 me, would be a medication that would be</p> <p>10 difficult to compromise the integrity of the</p> <p>11 chemical in order to use it for unintended</p> <p>12 purposes.</p> <p>13 Q. Were you aware that -- while you</p> <p>14 were at Mallinckrodt, were you aware that</p> <p>15 opioids were being used for unintended purposes?</p> <p>16 A. I was.</p> <p>17 Q. How did you become aware of that?</p> <p>18 A. Physicians would tell me.</p> <p>19 Q. Healthcare professionals that you</p> <p>20 dealt with?</p> <p>21 A. Yes, nurses -- yeah, nurses,</p> <p>22 doctors.</p> <p>23 Q. Are you aware what the -- then let</p> <p>24 me ask you, tamper resistant, are you familiar</p>
<p style="text-align: right;">Page 55</p> <p>1 A. I would say our main competitor</p> <p>2 was Opana ER.</p> <p>3 Q. Was there any generic competition?</p> <p>4 A. Not that I can recall.</p> <p>5 Q. Do you know whether -- you're</p> <p>6 familiar with Purdue?</p> <p>7 A. Vaguely. I just know that they're</p> <p>8 the maker of OxyContin.</p> <p>9 Q. Did you become aware that they</p> <p>10 were forced to withdraw that product?</p> <p>11 A. At some point, I do know they</p> <p>12 withdrew from the market.</p> <p>13 Q. Do you know why?</p> <p>14 A. I don't. And I -- I do -- and</p> <p>15 then I'm aware they reentered with a</p> <p>16 reformulation. But that's really the extent.</p> <p>17 Q. During your time at Mallinckrodt,</p> <p>18 and with respect to the generic product line,</p> <p>19 are you aware of what Mallinckrodt's market</p> <p>20 share was?</p> <p>21 A. I have no idea. I had no</p> <p>22 knowledge of the generic market at all.</p> <p>23 Q. How about the branded?</p> <p>24 A. As far as market share, that</p>	<p style="text-align: right;">Page 57</p> <p>1 with that term?</p> <p>2 A. I am, yes, yes.</p> <p>3 Q. So what's the -- what is "tamper</p> <p>4 resistant"?</p> <p>5 A. Again, it would be, to me, a</p> <p>6 product that would be more difficult for a</p> <p>7 patient to have unintended consequences.</p> <p>8 Q. So what's the difference, then,</p> <p>9 between abuse deterrents and tamper resistant,</p> <p>10 if you know?</p> <p>11 A. I don't really know.</p> <p>12 MR. WATTS: Objection to form.</p> <p>13 Q. Did any of the products that you</p> <p>14 were responsible for at Mallinckrodt have any</p> <p>15 embedded type components within the drug that</p> <p>16 would not allow a euphoric result?</p> <p>17 A. No. No. That was -- the -- it</p> <p>18 was -- Exalgo, from what I remember, had a black</p> <p>19 box warning, stated very clearly that it wasn't</p> <p>20 a product that could be abused. The only way we</p> <p>21 could market it was the PK graph that showed the</p> <p>22 steady plasma levels in the blood, and, you</p> <p>23 know, the doctor could go, you know, and make</p> <p>24 their own conclusions from that data.</p>

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1 Q. Were you aware as to whether or
2 not any of Mallinckrodt's competitors had an
3 opioid that had a component within it, a drug
4 within the opioid that would not permit
5 extraction or to produce a euphoria?

6 A. I believe Embeda had a product
7 like that.

8 Q. Okay. During your time at
9 Mallinckrodt, did you become aware that some of
10 the healthcare professionals became concerned
11 with diversion and how pills could be diverted?

12 A. Yeah. I mean, doctors would
13 sometimes share concerns with them -- with us,
14 yes.

15 Q. All right. And who at
16 Mallinckrodt would you report those concerns to,
17 if anyone?

18 A. So I can only speak for my
19 territory.

20 Q. Understood.

21 A. I didn't have any providers that,
22 you know, mentioned to me that they believe
23 their patients were, you know, taking the drug
24 not as intended. I do believe there was a --

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1 there was a system in place that you could
2 report these things. But, again, my territory,
3 the majority of it was the Cleveland Clinic,
4 who's very above board, and that was never
5 something I encountered.

6 Q. So when you said sometimes doctors
7 would share concerns with us, you didn't mean
8 with you?

9 A. You know, it would -- it would be
10 a concern, but it was not -- nothing to the
11 point where I would -- they would say, "I need
12 to do something about it." It was never like
13 that.

14 Q. So they would share concerns but
15 those were not concerns that you felt were
16 necessary to report?

17 A. Correct. And it never pertained
18 to my drug. It would be to, you know, their
19 patient population.

20 Q. What do you mean by that?

21 A. If they were concerned about
22 short-acting medications or -- you know, I was
23 only selling a long-acting medication, which
24 operates very differently than a short-acting.

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1 They felt -- and it still is believed -- that
2 short-acting medications provide more
3 opportunity for abuse.

4 Q. Part of your training, did it
5 include how to report things like that, should
6 one of your doctors have a concern about
7 diversion in one of your products?

8 A. Yes.

9 Q. Okay. And what was the process in
10 place?

11 A. I do remember every quarter we
12 would have a spreadsheet where we could input
13 the physician information and we could then
14 submit it and we could -- we had -- essentially
15 report physicians that we didn't believe were
16 doing the right thing.

17 Again, I didn't have that in my
18 territory. And it should be noted, I mean, my
19 territory -- when we started selling these
20 products, the goal was balanced selling, half
21 Exalgo, half Pennsaid. I had a very small
22 territory. As it went on, there was not a large
23 Exalgo market for me. At one point I was
24 selling Pennsaid 70/30 to Exalgo.

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1 I was deemed a Pennsaid territory.
2 I had a lot of orthopedic surgeons, a lot of
3 sports management providers. My bonus was often
4 composed of my Pennsaid sales. I was never
5 forced to seek out this Exalgo business, because
6 it just didn't exist in this part of the
7 territory.

8 Q. Okay. Were you aware, though,
9 that it existed in other territories?

10 A. Was I aware that what existed?

11 Q. The Exalgo business.

12 A. Yes, other territories that had
13 more of a 50/50, yes.

14 Q. Do you know why your territory was
15 more Pennsaid?

16 A. Territory dynamics. I just -- the
17 way the territory was cut. I had a lot of
18 people that, you know -- we were running a
19 business, and from -- you know, it was -- in
20 order for me to keep my job, I needed to sell
21 the product that I had the most opportunity to
22 do so, and that was Pennsaid.

23 Q. Did you remain a field sales
24 specialist until the time that you left?

<p style="text-align: right;">Page 62</p> <p>1 A. I did.</p> <p>2 Q. Are you familiar with the term</p> <p>3 "pseudo addiction"?</p> <p>4 A. I am not, no.</p> <p>5 Q. "Opioid phobia"?</p> <p>6 A. No, I've never heard that.</p> <p>7 Q. What was the primary role -- or</p> <p>8 your primary role as a sales rep?</p> <p>9 A. My primary role was to educate and</p> <p>10 inform healthcare professionals and their staff</p> <p>11 on the use, the risk, the benefit, and the</p> <p>12 safety of our products.</p> <p>13 Q. Would you also agree that it is to</p> <p>14 educate doctors and position the product versus</p> <p>15 competitors' products?</p> <p>16 A. We were to educate them on our</p> <p>17 product. We were not -- we did not have the</p> <p>18 liberty to talk about the competition. It was</p> <p>19 for our own personal knowledge.</p> <p>20 Q. So had you ever told any of the</p> <p>21 healthcare professionals the differences between</p> <p>22 your product and competitors' products?</p> <p>23 A. I did not, no. Not that I can</p> <p>24 ever recall.</p>	<p style="text-align: right;">Page 64</p> <p>1 Q. Did you ever receive e-mails from</p> <p>2 Mallinckrodt with regard to current news on</p> <p>3 pharmaceutical-related issues?</p> <p>4 A. Not that I can recall.</p> <p>5 Q. Okay. Would you agree with me --</p> <p>6 and I'm going to -- I'm moving to sort of</p> <p>7 compensation, but would you agree with me that</p> <p>8 in general, the more prescriptions for</p> <p>9 Mallinckrodt products that were written in your</p> <p>10 territory, the less prescriptions that a</p> <p>11 competitor would have in that territory?</p> <p>12 MR. WATTS: Object to form.</p> <p>13 A. I think it just -- it depends on</p> <p>14 the patient and the doctor. I don't really</p> <p>15 know. I'm not equipped to answer that question.</p> <p>16 Q. Why not?</p> <p>17 A. I -- you know, doctors prescribe</p> <p>18 medications for a variety of reasons. Just</p> <p>19 because they choose one doesn't mean they're not</p> <p>20 still going to write another one at some point.</p> <p>21 Q. Were you aware of the number of</p> <p>22 prescriptions that some of your doctors were</p> <p>23 writing for your products?</p> <p>24 A. I was.</p>
<p style="text-align: right;">Page 63</p> <p>1 Q. Was your primary responsibility or</p> <p>2 one of your primary responsibilities to grow</p> <p>3 your market or your territory?</p> <p>4 A. My responsibility was to increase</p> <p>5 prescriptions of Pennsaid and Exalgo.</p> <p>6 Q. As a sales rep, did you have an</p> <p>7 understanding of the number of pills being</p> <p>8 prescribed to patients?</p> <p>9 A. In relation to what? Exalgo or</p> <p>10 standard prescriptions?</p> <p>11 Q. Well, we can start with Exalgo.</p> <p>12 A. It would have been a 30-day</p> <p>13 prescription, so it would be 30 pills.</p> <p>14 Q. Okay. So you were aware?</p> <p>15 A. Yes, mm-hmm.</p> <p>16 Q. While at Mallinckrodt -- do you</p> <p>17 currently sell Schedule II medications?</p> <p>18 A. No. I currently sell a Schedule</p> <p>19 III medication.</p> <p>20 Q. Okay. Did you ever become</p> <p>21 concerned, while you were at Mallinckrodt, with</p> <p>22 the number of prescriptions that were being</p> <p>23 written by healthcare professionals?</p> <p>24 A. No. I was never concerned.</p>	<p style="text-align: right;">Page 65</p> <p>1 Q. Were you aware of the number of</p> <p>2 prescriptions that doctors that you were</p> <p>3 targeting were writing for a competitor's</p> <p>4 products?</p> <p>5 A. I was.</p> <p>6 Q. And why did you keep track of</p> <p>7 that?</p> <p>8 A. So I could see if my educational</p> <p>9 efforts were having any return.</p> <p>10 Q. And how would you judge whether</p> <p>11 your educational efforts were having any return</p> <p>12 based on the number of prescriptions that a</p> <p>13 healthcare professional was writing for your</p> <p>14 product versus a competitor's product?</p> <p>15 A. Yeah. The more time I would spend</p> <p>16 with the staff -- we would do a lunch and learn</p> <p>17 maybe once a month -- if that was having an</p> <p>18 impact on them, if they were seeing value for</p> <p>19 their patient, if they were -- you know, I can</p> <p>20 only promote our product, what's on label.</p> <p>21 I can't -- I'm not in the exam</p> <p>22 room. That's between the doctor and the</p> <p>23 patient. So it's a good way for me to know if</p> <p>24 what I'm doing is having any effect.</p>

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1 Q. So if they're writing more of
2 prescriptions for your product and less
3 prescriptions for a competitor's product, do you
4 believe, then, that your effort is -- you
5 believe that that's a result of your effort?

6 A. I think that's safe to say, yes.

7 Q. Okay. The more prescriptions that
8 were written in your territory, the bigger your
9 bonus.

10 Do you agree with that?

11 A. Not necessarily. It would depend
12 on your goal.

13 Q. Okay. Well, let's talk about
14 goals then. During your time at Mallinckrodt,
15 Exalgo, what were your goals?

16 A. I have -- I could not provide you
17 with any -- I have no idea. It varied from
18 month -- from quarter to quarter. And like I
19 said before, I had a Pennsaid-heavy territory.
20 70 percent of my compensation was based on a
21 topical NSAID, 30 percent, at times, was based
22 on Exalgo.

23 I -- you could compare -- it was
24 all relative to my territory. There was a small

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1 amount to work with, so the goal would be quite
2 low. I wouldn't be asked to do something that
3 wasn't attainable. I would be asked to provide
4 information to the appropriate doctors for the
5 appropriate patients, you know, and go from
6 there. There was --

7 Q. Were you aware of other reps in
8 other territories that were being asked to do
9 something that wasn't attainable?

10 A. I was never aware of that.

11 Q. So are you agreeing with me, then,
12 that one of the things that went into your bonus
13 were whether or not more prescriptions were
14 written in your territory over the last month?

15 A. I'm sorry. Can you repeat that?

16 Q. Sure. Would you agree with me
17 that one of the components of your bonus was
18 whether or not more prescriptions were written
19 in your territory?

20 A. Yes.

21 Q. Would you agree with me that one
22 of the components for your bonus was measuring
23 your market share in your territory versus a
24 competitor's market share?

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1 A. No, that was never part of the
2 bonus. There was never market share
3 discussions, from what I can recall.

4 Q. Okay. Well, we talked about the
5 fact that you and Mallinckrodt had information
6 as to how many prescriptions were written in
7 your territory for a specific period of time for
8 you and for competitors.

9 A. Mm-hmm.

10 Q. Was that metric utilized for
11 purposes of determining your bonus, "Hey, we
12 have a bigger market share than X, Y, Z this
13 month"?

14 A. They wouldn't -- there was never a
15 market share discussion. We never discussed --
16 we never used the term "market share" or
17 anything. I was never penalized or rewarded
18 based on how much or how little my competitor
19 was being utilized.

20 Q. Okay. Would you agree with me
21 that one of the strategies in the sales
22 department, relating to one of your roles, was
23 to take share -- market share away from
24 competitors?

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1 A. Did you say "one of the goals"?

2 Q. Yeah.

3 A. One of the goals was to take share
4 away?

5 Q. Yeah.

6 A. Yeah. We were selling a product.

7 Q. Okay. Why did you leave
8 Mallinckrodt?

9 A. I left shortly after the launch of
10 Xartemis. I didn't see that as a product that
11 would -- had much longevity and decided to
12 pursue other opportunities. And the right one
13 came, so I resigned and left.

14 Q. What do you mean, you didn't see
15 Xartemis having longevity?

16 A. It was not -- in my opinion, not a
17 good product. It just -- it didn't, to me, seem
18 like a product that had any sustainability. I
19 didn't want to sell it. Basically I had no
20 interest in that product.

21 Q. Did you feel Exalgo was a good
22 product?

23 A. Yes, I did.

24 Q. Did you feel Exalgo had

<p style="text-align: right;">Page 70</p> <p>1 sustainability?</p> <p>2 A. I did.</p> <p>3 Q. And did you want to sell Exalgo?</p> <p>4 A. I did.</p> <p>5 Q. All right. Why was Xartemis not a</p> <p>6 good product?</p> <p>7 A. There -- in my opinion, I don't --</p> <p>8 not that it wasn't a good product. It was -- to</p> <p>9 me, it would have been a very tough sell. There</p> <p>10 were a lot of other products on the market</p> <p>11 similar to it, and I -- it just came down to I</p> <p>12 didn't want to sell a Schedule II, short-acting</p> <p>13 medication.</p> <p>14 Q. And at what -- this was in</p> <p>15 2000- --</p> <p>16 A. '14.</p> <p>17 Q. When did you find out that</p> <p>18 Mallinckrodt would be selling a short-acting</p> <p>19 Schedule II?</p> <p>20 A. Maybe nine to twelve months prior</p> <p>21 to the launch.</p> <p>22 Q. And was it at that point in time</p> <p>23 that you realized that you didn't want to sell</p> <p>24 it?</p>	<p style="text-align: right;">Page 72</p> <p>1 Q. Any other reasons you resigned?</p> <p>2 A. No. I just wanted a better -- a</p> <p>3 different job.</p> <p>4 Q. Was one of the things that you</p> <p>5 wanted to do when you went to another company</p> <p>6 was look for a company that did not sell</p> <p>7 Schedule II medications?</p> <p>8 A. Not necessarily. I just -- I</p> <p>9 didn't want to be in that short-acting market.</p> <p>10 It didn't necessarily have to be a Schedule II.</p> <p>11 I just -- I didn't like that kind of sell.</p> <p>12 Q. Did you think that the</p> <p>13 short-acting product was more addictive?</p> <p>14 A. No, not at all.</p> <p>15 Q. Do you think that now?</p> <p>16 A. No, not necessarily.</p> <p>17 Q. I had mentioned some of the</p> <p>18 reports that maybe you had received when I had</p> <p>19 asked you about looking to the number of</p> <p>20 prescriptions. Would you receive reports from</p> <p>21 time to time at Mallinckrodt regarding the</p> <p>22 number of prescriptions in your territory --</p> <p>23 A. Yes.</p> <p>24 Q. -- for your products?</p>
<p style="text-align: right;">Page 71</p> <p>1 A. No. I hung with it. I figured</p> <p>2 I'd just, you know, see how it goes, see what</p> <p>3 happens. Yeah.</p> <p>4 Q. And what happened?</p> <p>5 A. Nothing. It didn't go anywhere.</p> <p>6 It was a dead duck. It was not fun to sell.</p> <p>7 Q. Why wasn't it fun to sell?</p> <p>8 A. There was very little interest in</p> <p>9 it. There were a lot of other competitors to</p> <p>10 it. It was expensive. It had no place in the</p> <p>11 market. I -- it really boiled down to I just</p> <p>12 wanted to go somewhere else.</p> <p>13 Q. Okay. But you said you didn't</p> <p>14 want to sell short-term --</p> <p>15 A. Yeah, short-acting medications.</p> <p>16 Q. Short-acting medications.</p> <p>17 A. I just had no -- my experience was</p> <p>18 with long acting, and I didn't want to sell -- I</p> <p>19 didn't have any desire to sell in a surgery</p> <p>20 center type environment. So I left. I never</p> <p>21 even -- I didn't stay long enough to even</p> <p>22 receive any type of bonus from Xartemis. We</p> <p>23 launched in April or May of 2014. I resigned</p> <p>24 that summer.</p>	<p style="text-align: right;">Page 73</p> <p>1 A. Yes.</p> <p>2 Q. The number of prescriptions for</p> <p>3 competitors in your territory?</p> <p>4 A. Yes.</p> <p>5 Q. Would you receive reports that</p> <p>6 talked about doctors that you should target in</p> <p>7 your territory?</p> <p>8 A. There would be -- yeah, there</p> <p>9 would be suggestions of physicians based on</p> <p>10 their prescribing habits which led us to, you</p> <p>11 know, conclude that they had experience with</p> <p>12 these medications and that they could safely and</p> <p>13 effectively treat their patients.</p> <p>14 Q. What about their prescribing</p> <p>15 habits would tell you that they had experience</p> <p>16 and could safely and effectively prescribe these</p> <p>17 medications?</p> <p>18 A. If they -- if they wrote a variety</p> <p>19 of Schedule II long acting and they were board</p> <p>20 certified in pain management, that would be a</p> <p>21 good indication that they had knowledge of the</p> <p>22 risks and the safety components of those</p> <p>23 medications. So they would be a viable</p> <p>24 customer.</p>

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1 Q. Are you familiar with what a push
2 report is?

3 A. A push report? No, I'm not.

4 MR. TSAI: Mark, we've been going
5 about an hour since the last break. Do
6 you want to take a quick break?

7 MR. DEARMAN: I'd like to ask a
8 question about this exhibit, and then we
9 can take a break.

10 MR. TSAI: Okay.

11 - - -

12 (Mallinckrodt-Cox Exhibit 5 marked.)

13 - - -

14 BY MR. DEARMAN:

15 Q. I'm going to show you what we're
16 going to mark as Exhibit Number 5, which is an
17 e-mail that is 3648 to 3649. And attached to it
18 is a 50602 Rx push report.

19 Do you know who Jennifer Terp is?

20 A. I don't.

21 Q. Okay. Do you see that Jennifer
22 Terp sent you an e-mail on May 10, 2013?

23 A. I see that, yes.

24 Q. Do you have any reason to believe

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1 you didn't receive this in the ordinary course
2 of your business?

3 A. I don't remember it, but I'm sure
4 I received it.

5 Q. Okay. Do you see where it says
6 "Attachment: Push report"?

7 A. Yes.

8 Q. And it says, "Attached is your
9 push report with product and market scripts for
10 Exalgo, Pennsaid and Duexis."

11 A. Mm-hmm.

12 Q. What's Duexis?

13 A. Duexis was a ibuprofen and Pepcid
14 product that we co-promoted with another company
15 for a very short period of time.

16 Q. All right. And it says it's for
17 the "April 19 data week based upon Q3 alignment
18 and target list" --

19 A. Sure.

20 Q. -- "as indicated by territory
21 numbers."

22 What is an "alignment and target
23 list"?

24 A. Well, alignment would be the

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1 physicians that fall within our territory, and
2 the target list would be the doctors that were
3 vetted as appropriate doctors for our products.

4 Q. And do you see in the second
5 paragraph, "In this report you will find your
6 Exalgo targets eligible for the SPIF identified
7 with an asterisk"?

8 A. Yes.

9 Q. What is the "SPIF"?

10 A. I don't know SPIF.

11 Q. Do you know what "IMS ID" is?

12 A. I -- oh, IMS ID? Yes.

13 Q. What is that?

14 A. Just the set of numbers that are
15 next to the provider in the IMS data.

16 Q. If you turn to the actual
17 spreadsheet that's attached to this document,
18 are you familiar with any of the prescribers?

19 A. I am.

20 Q. Okay. Were any of these
21 prescribers in your territory?

22 A. They were.

23 Q. All right. And did you understand
24 that this was providing you with information on

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1 Exalgo prescriptions versus competitor or market
2 prescriptions? Let me strike that.

3 What was the purpose of you
4 receiving this report?

5 A. It's probably just -- it looks --
6 from looking at this e-mail, there was probably
7 some realignment to certain territories. I
8 never had, you know, a realignment, and some
9 targets may have changed from one territory to
10 another. So she was probably sending out just a
11 list of providers that are in our territories.

12 Q. Okay. Well, if you look at that
13 first name, Timothy Ko?

14 A. Mm-hmm.

15 Q. 1100 Euclid Ave.?

16 A. Yes.

17 Q. 13-week total Exalgo?

18 A. Yes.

19 Q. Do you know what that 24.1
20 reflects?

21 A. I'm assuming over 13 weeks he
22 wrote 24.1 prescriptions.

23 Q. Okay. Do you know what the
24 13-week total market is?

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1 A. I have no idea what that would
2 entail.

3 Q. Okay. Are you aware that the
4 market was defining other competitors' products?

5 A. Yeah. I mean, looking at this, it
6 obviously did, but I don't remember any of that.

7 Q. Right. But this goes -- this is
8 consistent with you saying that you had an idea
9 of number of prescriptions --

10 A. Yeah.

11 Q. -- versus competitor
12 prescriptions?

13 A. Sure.

14 Q. Okay.

15 ---

16 (Mallinckrodt-Cox Exhibit 6 marked.)

17 ---

18 BY MR. DEARMAN:

19 Q. I'll show you another document.

20 MR. TSAI: Are we on to a new --

21 MR. DEARMAN: Now we can take a
22 break. I'm sorry.

23 THE VIDEOGRAPHER: Off the record,
24 10:35.

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1 (Recess taken.)

2 THE VIDEOGRAPHER: On the record,
3 10:48.

4 BY MR. DEARMAN:

5 Q. I'm going to show you a document
6 we're going to mark as Exhibit Number 6, which
7 is Bates range 0455, and then it's got -- it's a
8 spreadsheet that looks like it goes through --
9 it's the same number all the way across because
10 it was natively produced. I tabbed yours
11 because that's the page I'm going to talk about,
12 so ...

13 Take a look at the document and
14 tell me if you're familiar with this.

15 Do you know what the President's
16 Club is?

17 A. Yes.

18 Q. What is that?

19 A. A year-long contest for
20 high-performing salespersons.

21 Q. Were you a high-performing
22 salesperson?

23 A. I was, but it looks like during
24 this time period, I was on maternity leave. I

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1 don't --

2 Q. Okay. If you'd take a look at --

3 MR. DEARMAN: I tabbed it on
4 yours, Rocky, because I don't know how
5 many pages it's in.

6 BY MR. DEARMAN:

7 Q. But it looks like it's one, two,
8 three -- it looks like it's four pages in or
9 five pages into the spreadsheet.

10 A. Yeah.

11 Q. Your name appears there. It's a
12 current rank -- current ranking is 192. Maybe
13 that's the best way to use it to look.

14 A. Yeah. So that was the --
15 following the year that I was out for a good
16 portion of it.

17 Q. Okay. So current year-to-date
18 rank is what? And it says 192, but what does
19 that mean?

20 A. Current year-to-date rank 192 out
21 of 211.

22 Q. Okay. And your current QTD rank,
23 do you know what "QTD" is?

24 A. Quarter-to-date.

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1 Q. Okay.

2 A. 162.

3 Q. All right. And then there's some
4 other fields and it's got your name.

5 Do you see that?

6 A. I do.

7 Q. Region, is that your region,
8 5000 -- or 50,000?

9 A. It looks like it, yeah.

10 Q. Well, had you -- are you familiar
11 with any of those numbers? Region --

12 A. I am not. They changed a lot
13 for -- the region numbers changed.

14 Q. Okay. How about district number?

15 A. That all changed as well.

16 Q. Territory?

17 A. Territory was always Cleveland
18 west.

19 Q. Okay. Which it does reflect that
20 under territory name, right?

21 A. It does.

22 Q. And then you see where it says
23 "Frozen Quarter's Final Rank"?

24 A. Yes.

<p style="text-align: right;">Page 82</p> <p>1 Q. And next to that it says "P/E 2 Product Weight % (E/S/N)"? 3 A. Sure. 4 Q. What is "P/E product"? 5 A. I think that would mean 6 Pennsaid/Exalgo. 7 Q. Okay. And "weight percentage 8 E/S/N," what does that mean? 9 A. I have no idea. 10 Q. All right. Do you know what the 11 60/20/20 means? 12 A. I have no -- probably 60 Pennsaid, 13 20 Exalgo and 20 -- I don't know -- maybe 14 Sumavel. 15 Q. Well, the E -- the E could be -- 16 see where it says "E/S/N"? 17 A. Yes. 18 Q. Do you know what the "E" stands 19 for? 20 A. Exalgo. 21 Q. Okay. Do you know what the "S" 22 stands for? 23 A. Sumavel. 24 Q. And how about the "N"?</p>	<p style="text-align: right;">Page 84</p> <p>1 cut. I had a lot of orthopedic surgeons that 2 were good targets for the NSAID market. 3 And the other way they would 4 figure this is, the commercial -- the payer -- 5 the insurance payer mix was very poor in my 6 area. BWC, CareSource, they didn't pay for 7 Exalgo. I couldn't move business that an 8 insurer wouldn't pay for. 9 Q. Why wouldn't they pay for it? 10 A. It was too expensive. 11 Q. In 2013, though, this shows that 12 your year -- for that year it was 60 percent 13 Exalgo and 40 percent the other products, 14 correct? 15 A. Sure. 16 Q. All right. "Budget attainment," 17 do you know what that is, which is a couple of 18 columns over. It says 95 percent. 19 A. Yes. I don't recall what like 20 that actually meant, though. 21 Q. Okay. How often -- did you 22 receive one of these every year? 23 A. Yes, but it didn't always look 24 like this.</p>
<p style="text-align: right;">Page 83</p> <p>1 A. Probably NSAID -- 2 Q. Okay. 3 A. -- for Duexis and -- if we had all 4 four products. 5 Q. Okay. So do you see here where 6 under the "E" it's 60, under the "S" it's 20 and 7 under the "N" it's 20? 8 A. Sure. 9 Q. So does that mean 60 percent -- 10 A. Was -- 11 Q. -- Exalgo? 12 A. 60 percent Exalgo, the other 13 40 percent was the other products. 14 Q. Okay. 15 A. That makes sense, yeah. And 16 that's pretty consistent throughout my time 17 there. 18 Q. Was 60/40? 19 A. Sometimes 70/30. This -- at this 20 point it was 60/40 because we had two other 21 products, but the majority of my time was just 22 Pennsaid and Exalgo. And, again, at one point 23 it was -- like I said, it was 70/30. It was 24 largely due to the way that the territory was</p>	<p style="text-align: right;">Page 85</p> <p>1 Q. Understood. This one you were 192 2 out of 211? 3 A. Right. 4 Q. Do you recall finishing higher 5 than 192? 6 A. That year? 7 Q. Any year. 8 A. Oh, sure, yes. 9 Q. Okay. 10 A. Like I said, this was -- I believe 11 I was out a portion of the year due to having a 12 baby. 13 Q. 2010, do you know where you were, 14 where you fell in the -- 15 A. No, there were so many rank 16 reports, I don't remember. 17 Q. Okay. 18 A. Certain quarters I did really 19 well. Certain -- it just ebbs and flows. 20 Q. And just to get clarity, sometimes 21 you would be responsible for two medications, 22 sometimes three; is that correct? 23 A. Very -- yes. The majority of the 24 time it was two.</p>

<p style="text-align: right;">Page 86</p> <p>1 Q. Okay.</p> <p>2 A. And then for a small -- I don't</p> <p>3 know how many -- it was months maybe. Maybe a</p> <p>4 year. Sumavel and Duexis.</p> <p>5 Q. Do you believe that 2013 was your</p> <p>6 highest percentage of Exalgo over your other</p> <p>7 drugs?</p> <p>8 A. No, when we launched it was 50.</p> <p>9 Yeah, so, yeah, that probably is right. Yeah,</p> <p>10 this might of -- this was probably the highest,</p> <p>11 60. You're right.</p> <p>12 Q. You don't believe you were ever</p> <p>13 higher than 60 percent versus your other</p> <p>14 product?</p> <p>15 A. No, no. I wouldn't have been.</p> <p>16 Q. Okay.</p> <p>17 A. The territory was just not made up</p> <p>18 like that.</p> <p>19 Q. What was your expectation of</p> <p>20 whether physicians relied on a sales</p> <p>21 representative in deciding whether to prescribe</p> <p>22 a drug?</p> <p>23 A. I didn't have any expectation from</p> <p>24 the physician.</p>	<p style="text-align: right;">Page 88</p> <p>1 on any of the information that you provided?</p> <p>2 A. I can't recall having that</p> <p>3 conversation with a physician on whether they</p> <p>4 relied on that. They would have to -- they</p> <p>5 trusted that when I came in, I stayed compliant</p> <p>6 on our message, spoke to the indication for the</p> <p>7 appropriate patient, but ultimately the decision</p> <p>8 is theirs.</p> <p>9 - - -</p> <p>10 (Mallinckrodt-Cox Exhibit 7 marked.)</p> <p>11 - - -</p> <p>12 BY MR. DEARMAN:</p> <p>13 Q. I'm going to show you Exhibit</p> <p>14 Number 7 which is 1994, 1995. And it's got a</p> <p>15 report attached to it that's three pages. The</p> <p>16 e-mail, which is 1994, 199 -- 1994, it's just</p> <p>17 one page. That's from you to you.</p> <p>18 Do you see that?</p> <p>19 A. Sure.</p> <p>20 Q. Now, is -- was your Gmail your --</p> <p>21 was that your personal e-mail?</p> <p>22 A. It was.</p> <p>23 Q. Okay. Is that still your Gmail?</p> <p>24 A. It is.</p>
<p style="text-align: right;">Page 87</p> <p>1 Q. You didn't have an expectation one</p> <p>2 way or the other?</p> <p>3 A. No.</p> <p>4 Q. Do you think that they ever relied</p> <p>5 on any of the things that you told them during</p> <p>6 your meetings?</p> <p>7 A. My job was to educate and inform</p> <p>8 them on the risks, the safety, the benefits, the</p> <p>9 PK profile of our product within label. What</p> <p>10 happened in the exam room was between them and</p> <p>11 the patient.</p> <p>12 MR. DEARMAN: Move to strike as</p> <p>13 nonresponsive.</p> <p>14 BY MR. DEARMAN:</p> <p>15 Q. What was your expectation of</p> <p>16 whether physicians relied on you in deciding</p> <p>17 whether to prescribe any of the drugs that you</p> <p>18 were presenting?</p> <p>19 A. I don't believe a physician would</p> <p>20 ever -- they would -- they would expect me to</p> <p>21 provide accurate information, but they would</p> <p>22 never rely on me.</p> <p>23 Q. Did you ever have a conversation</p> <p>24 with a physician as to whether or not they rely</p>	<p style="text-align: right;">Page 89</p> <p>1 Q. It is, okay.</p> <p>2 And have you searched your Gmail</p> <p>3 for any documents relating to your time at</p> <p>4 Mallinckrodt?</p> <p>5 A. I have not.</p> <p>6 Q. Well, here's one e-mail where you</p> <p>7 sent it from your work address to your home</p> <p>8 address, correct? To your personal e-mail</p> <p>9 address, correct?</p> <p>10 A. Yes.</p> <p>11 Q. Okay.</p> <p>12 A. It probably had to do with the</p> <p>13 computer I was trying to look at it on.</p> <p>14 Q. Okay. Were there times that it</p> <p>15 was easier to look at reports on your other</p> <p>16 computer?</p> <p>17 A. Yes. This was probably one of</p> <p>18 them.</p> <p>19 Q. Okay. This is an Xponent weekly</p> <p>20 report. Do you see that?</p> <p>21 A. I see that, yes.</p> <p>22 Q. Okay. Any reason -- well, you</p> <p>23 sent it to yourself. Any reason to believe you</p> <p>24 didn't receive this Xponent weekly report?</p>

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1 A. No, I got it. Yeah.
 2 Q. And it says "weekly." So this
 3 would have been something that you received
 4 weekly?
 5 A. I guess, yes.
 6 Q. Okay. Do you have any reason to
 7 believe you didn't receive a report like this
 8 weekly?
 9 A. I don't remember anything called
 10 an Xponent weekly report, but I mean, I
 11 obviously got one, so ...
 12 Q. Okay.
 13 A. I'm trying to even figure out what
 14 it is.
 15 Q. All right. Well, take a look at
 16 the report, if you don't mind, which is the
 17 spreadsheet.
 18 A. Okay.
 19 Oh. This is just the IMS data.
 20 Q. Yeah. Do you know any of the
 21 physicians on this?
 22 A. On this one page, no, I don't.
 23 Q. Okay. And do you see at the top
 24 of this where it says "Products"?

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1 A. Yes.
 2 Q. Avinza total?
 3 A. Yes.
 4 Q. Do you know what that is?
 5 A. Yeah.
 6 Q. What is it?
 7 A. A morphine product.
 8 Q. Okay. A competitor product?
 9 A. It is.
 10 Q. Dilaudid?
 11 A. Yes.
 12 Q. Competitor product?
 13 A. Mm-hmm.
 14 Q. Duragesic?
 15 A. Yes.
 16 Q. Competitor?
 17 A. Yes.
 18 Q. Embeda?
 19 A. Yes.
 20 Q. Competitor?
 21 A. It was.
 22 Q. Okay. Then we see your Exalgo?
 23 A. Yes.
 24 Q. Kadian, competitor product?

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1 A. Yes.
 2 Q. MS Contin?
 3 A. Yes.
 4 Q. Opana?
 5 A. Mm-hmm.
 6 Q. Oramorph?
 7 A. Yeah. I've never heard of that.
 8 Q. All right. And the OxyContin?
 9 A. Yes.
 10 Q. And so it talks -- it shows you
 11 information by week for Mallinckrodt's products
 12 and for competitor products?
 13 A. Right. This is, I'm assuming, my
 14 territory?
 15 Q. Yeah, I think it is. I don't
 16 know. And I'm not sure that that provides you
 17 with information because you didn't recognize
 18 any of the doctors, and I only have the As, so I
 19 didn't bring B through Z.
 20 A. I don't know any of these doctors.
 21 Q. Right, right.
 22 A. Yeah.
 23 Q. I'm going to show you another
 24 document.

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1 - - -
 2 (Mallinckrodt-Cox Exhibit 8 marked.)
 3 - - -
 4 BY MR. DEARMAN:
 5 Q. And this is Bates 8 -- this is
 6 Bates 9991, and attached to it is a spreadsheet
 7 that is a lot of pages. This report says, at
 8 the top, it's from October 1, 2013 to June 5,
 9 2014.
 10 Do you see that?
 11 A. Mm-hmm.
 12 Q. All right. Are you familiar with
 13 this report?
 14 A. Not at all. This is -- looks like
 15 doctors from all over the country, and maybe the
 16 type of samples that were given to them.
 17 Q. Can I see the exhibit for a
 18 second. Thanks.
 19 If I just tab that page or -- but
 20 I just turned it sideways just so you can see
 21 that your name appears on one of the things
 22 going across -- not that. That. If you look
 23 down there.
 24 A. Okay.

<p style="text-align: right;">Page 94</p> <p>1 Q. So do you know what the -- and if</p> <p>2 you then -- if you're looking at the first page</p> <p>3 next to it so you can see the columns --</p> <p>4 A. Mm-hmm.</p> <p>5 Q. -- do you know what "MENDCDP" is?</p> <p>6 A. I believe it refers to the</p> <p>7 physicians' NDC number.</p> <p>8 Q. Okay. You see where it says "Call</p> <p>9 date"? You're going to see that again on the</p> <p>10 first page.</p> <p>11 A. Yeah.</p> <p>12 Q. Right. So is this something that</p> <p>13 would -- did you keep track of the calls that</p> <p>14 you made?</p> <p>15 A. Yes. Well, yes, especially if</p> <p>16 there was a sample event -- given.</p> <p>17 Q. Okay. And so would you explain</p> <p>18 that?</p> <p>19 A. So we had samples of Pennsaid, and</p> <p>20 this provider, Kevin Masterson, was someone who</p> <p>21 I called on during that time, and he has to sign</p> <p>22 for the samples, so it would be time stamped.</p> <p>23 Q. Did you ever provide any samples</p> <p>24 of Exalgo?</p>	<p style="text-align: right;">Page 96</p> <p>1 you know, pay for that.</p> <p>2 Q. Did you make a record of all of</p> <p>3 the calls that you made every day?</p> <p>4 A. I was supposed to.</p> <p>5 Q. Okay. What do you mean by that?</p> <p>6 A. Sometimes we'd just forget. Like</p> <p>7 I went in this office and talked to the doctor</p> <p>8 briefly and --</p> <p>9 Q. Well -- okay. So instead of</p> <p>10 talking about what you did, what was the policy</p> <p>11 and procedures, while you were with</p> <p>12 Mallinckrodt, relating to what you should record</p> <p>13 with regard to calls?</p> <p>14 A. So we were to record samples</p> <p>15 given, but that was easy because it had to be,</p> <p>16 you know, inputted how many samples you gave.</p> <p>17 So there was a record.</p> <p>18 Q. Okay.</p> <p>19 A. And we also had to --</p> <p>20 Q. Let's assume we're not -- no</p> <p>21 samples. What is it that you were going to</p> <p>22 record, if anything?</p> <p>23 A. For Exalgo?</p> <p>24 Q. Okay.</p>
<p style="text-align: right;">Page 95</p> <p>1 A. No.</p> <p>2 Q. Okay. Did you ever provide</p> <p>3 samples of any Schedule II medications?</p> <p>4 A. No, that's -- it wasn't available.</p> <p>5 It's not legal.</p> <p>6 Q. Did you ever provide any coupons</p> <p>7 for Schedule II medications?</p> <p>8 A. Copay cards, yes.</p> <p>9 Q. Okay. What's a copay card?</p> <p>10 A. Something that the patient could</p> <p>11 use for their commercial insurance to help</p> <p>12 offset the high cost of the prescription.</p> <p>13 Q. Did you provide any copay cards</p> <p>14 which provided free medication, Schedule II</p> <p>15 medications?</p> <p>16 A. We had a free trial program where</p> <p>17 the patient could -- if the doctor wrote the</p> <p>18 prescription for Exalgo, they thought that the</p> <p>19 patient was a good candidate for the product,</p> <p>20 the free trial program, I don't remember the</p> <p>21 specifics of it, allowed them to get three to</p> <p>22 five days of medication without any copay.</p> <p>23 After that, their insurance would be adjudicated</p> <p>24 and they would need to -- if there was a copay,</p>	<p style="text-align: right;">Page 97</p> <p>1 A. For anything? Yeah, the type of</p> <p>2 message we delivered, dosing. It was a type of</p> <p>3 message.</p> <p>4 Q. Okay. And what were the types of</p> <p>5 messages that you would deliver with Exalgo?</p> <p>6 A. I don't remember. I mean, they</p> <p>7 were -- they were standard dosing, safety.</p> <p>8 Q. And those were supposed to be</p> <p>9 recorded as part of your call notes?</p> <p>10 A. They weren't always recorded, no,</p> <p>11 and we were not allowed to type in call notes.</p> <p>12 We were not -- that was not even an option on</p> <p>13 our system.</p> <p>14 Q. Okay. Why not?</p> <p>15 A. That system just didn't -- it</p> <p>16 was -- we always -- every time we were -- if we</p> <p>17 were there and we left a piece of information,</p> <p>18 it always had the product insert with the black</p> <p>19 box on it. So that's assumed.</p> <p>20 Q. Okay. Okay.</p> <p>21 A. Even coupons -- even copay cards</p> <p>22 have a PI on them and have a black box. So that</p> <p>23 wouldn't have been something we would have noted</p> <p>24 on every call. It was expected.</p>

<p style="text-align: right;">Page 98</p> <p>1 Q. Okay. So was the policy and 2 procedure that if it was on the black box, you 3 didn't have to record it on the call note? 4 A. We didn't have to record that on 5 the call note, no. 6 Q. That was the policy and procedure? 7 A. I don't know if that was like the 8 set policy or procedure, but ... 9 Q. Was that your policy and 10 procedure? 11 A. I always made sure I left a PI on 12 calls. 13 Q. Okay. Again, and I appreciate 14 that, but I'm asking you about policies and 15 procedures that the company had with regard to 16 recording the calls that you made. 17 A. Yeah. 18 Q. And I'm even limiting it, at this 19 point, to Exalgo, and I'm asking you with regard 20 to the message that you provided, was that 21 information recorded? 22 A. Yes, that information was 23 generally recorded. 24 Q. Okay. And that would be</p>	<p style="text-align: right;">Page 100</p> <p>1 A. No, no. 2 Q. All right. Was there a place to 3 put the comments, any comments? 4 A. There was no place to put any 5 comments. 6 Q. If the doctor asked you a question 7 about something, was there a place to put that 8 in there? 9 A. If the doctor asked us a question 10 that was on label and we could answer it, I 11 would verbally answer it. If the doctor asked 12 us a question that was off label or they had a 13 question about a certain patient type, there was 14 a place where we could go right in that 15 interface called a MIRF request -- 16 Q. A who? 17 A. A MIRF, M-I-R-F, medical 18 information request form. It directed us to an 19 online portal. I typed in the question. The 20 physician then had to sign for the question, and 21 it went to our Medical Affairs team where they 22 would then contact the doctor privately. 23 I was never privy. I never was 24 cc'd on any e-mail or phone call or anything. I</p>
<p style="text-align: right;">Page 99</p> <p>1 handwritten? 2 A. No. 3 Q. Okay. 4 A. There would be a series of 5 drop-down boxes. 6 Q. Okay. And you would check 7 something off? 8 A. Correct. 9 Q. And would this be on like an iPad? 10 A. A laptop, yes. 11 Q. Okay. And would you do this after 12 the call? 13 A. Yes. 14 Q. Would you indicate how long the 15 call lasted? 16 A. Not usually, no. 17 Q. Okay. Was there a place for that? 18 A. I don't -- I've looked at so many 19 different interfaces over the -- I believe so. 20 I don't think it was on there. 21 Q. You do or you don't? 22 A. I don't. 23 Q. Okay. So the amount of time that 24 you spent was not part of that process?</p>	<p style="text-align: right;">Page 101</p> <p>1 would even have to follow up to make sure it was 2 completed. 3 Q. You would or would not? 4 A. I would. It always was, but ... 5 Q. Okay. 6 A. Then they would have a scientific 7 discussion on label with the provider. We were 8 never allowed to talk off label about the 9 product outside of the guidelines. If they had 10 a question that was outside of the black box or 11 outside of the PI, it needed to be addressed 12 with the Medical Affairs team. 13 And, yes, that's the only place 14 where we could put any comments, and it was just 15 a box where we could type out their question and 16 how the doctor would like to receive the 17 information, via phone or whatever. 18 Q. If a doctor talked to you about 19 his concern with diversion, is that something 20 you would put into that -- 21 A. Sure. 22 Q. And that never happened in your 23 territory, correct? 24 A. No. I don't recall.</p>

<p style="text-align: right;">Page 102</p> <p>1 Q. Are you familiar with the terms</p> <p>2 "influence selling process"?</p> <p>3 A. I am, yes.</p> <p>4 Q. And what is that?</p> <p>5 A. It was like a model we used to,</p> <p>6 you know, sell to our customers. It was a</p> <p>7 short-lived theory that we tried out for a bit</p> <p>8 of time.</p> <p>9 Q. Do you know what period of time?</p> <p>10 A. I think 2013, maybe. I'm not sure</p> <p>11 exactly.</p> <p>12 Q. Let me show you a document which</p> <p>13 we're going to mark as Exhibit 9.</p> <p>14 - - -</p> <p>15 (Mallinckrodt-Cox Exhibit 9 marked.)</p> <p>16 - - -</p> <p>17 BY MR. DEARMAN:</p> <p>18 Q. You see the e-mail from Kevin</p> <p>19 Becker to a number of people on 10/18/2013?</p> <p>20 A. Yes.</p> <p>21 Q. Do you see your name in that</p> <p>22 recipient list?</p> <p>23 A. Yes.</p> <p>24 Q. Do you have any reason to believe</p>	<p style="text-align: right;">Page 104</p> <p>1 the HCP."</p> <p>2 "HCP" is healthcare professional?</p> <p>3 A. Yes.</p> <p>4 Q. -- to focus on your agenda.</p> <p>5 A. Mm-hmm.</p> <p>6 Q. It says "Shuts down thinking."</p> <p>7 What does that mean?</p> <p>8 A. I don't know what they mean by</p> <p>9 that. This was not something I did. I mean, I</p> <p>10 was supposed to. I think I did it -- you know,</p> <p>11 tried it out. This is a selling technique. In</p> <p>12 my territory, again, it was just -- it was not</p> <p>13 one where this was sort of a -- I didn't spend a</p> <p>14 lot of time influence selling.</p> <p>15 At this point I had been in the</p> <p>16 territory for three years. I knew my targets</p> <p>17 and, you know, this was something they were</p> <p>18 putting out there for us to try and, you know,</p> <p>19 maybe have deeper conversations, more detailed</p> <p>20 discussions with our providers. So I -- when</p> <p>21 they say "shuts down thinking," I don't really</p> <p>22 know.</p> <p>23 Q. But you said you did try this</p> <p>24 technique for a while?</p>
<p style="text-align: right;">Page 103</p> <p>1 you didn't receive this in the ordinary course</p> <p>2 of your business?</p> <p>3 A. I'm sure I did.</p> <p>4 Q. Okay. Can you take a look at the</p> <p>5 attachment, which is a "One Mallinckrodt</p> <p>6 workshop slides final"?</p> <p>7 A. Yes.</p> <p>8 Q. And are you familiar with this</p> <p>9 document?</p> <p>10 A. I'm not familiar with it. I</p> <p>11 remember this was a topic.</p> <p>12 Q. If you turn to the third page of</p> <p>13 the document, under "Influence Selling Is</p> <p>14 "Win-Win." Would you from time to time have</p> <p>15 either meetings or trainings regarding sales</p> <p>16 techniques?</p> <p>17 A. Yes, we would from -- yes. A</p> <p>18 couple a year.</p> <p>19 Q. Okay. And would something like</p> <p>20 this be something that you would receive at one</p> <p>21 of those type of programs?</p> <p>22 A. Sure. Yeah.</p> <p>23 Q. Okay. Under "Influence Selling is</p> <p>24 Win-Win," it says, "Provoke and Challenge. Tell</p>	<p style="text-align: right;">Page 105</p> <p>1 A. I was instructed to give it a</p> <p>2 shot, yeah.</p> <p>3 Q. Okay. Do you know whether others</p> <p>4 were using this technique?</p> <p>5 A. I don't know.</p> <p>6 Q. You specifically mentioned your</p> <p>7 territory and in regards to whether or not this</p> <p>8 was going to be effective in your territory.</p> <p>9 A. Yeah.</p> <p>10 Q. Did you think it was going to be</p> <p>11 effective in other territories maybe more than</p> <p>12 yours?</p> <p>13 A. I don't know. I'm not in -- I --</p> <p>14 I didn't have a position that took me into other</p> <p>15 territories. I can only speak for my own.</p> <p>16 Q. Would you agree, though, this</p> <p>17 applied to Exalgo as well as whatever other</p> <p>18 drugs?</p> <p>19 A. Sure. Yes.</p> <p>20 Q. Okay. Are you familiar with what</p> <p>21 an emotional transition is?</p> <p>22 A. No.</p> <p>23 Q. If you turn the page --</p> <p>24 unfortunately, these are not numbered, so if you</p>

<p style="text-align: right;">Page 106</p> <p>1 turn past the influence selling, the next page, 2 you'll see at the top it says "Exercise Example: 3 Emotional Transitions"?</p> <p>4 A. Mm-hmm.</p> <p>5 Q. Did you use any of these 6 transitions with any of your HCPs?</p> <p>7 A. I can't recall ever using any of 8 these.</p> <p>9 Q. Okay. If you turn about four more 10 pages or five more pages, it goes, "What does 11 your customer think and why?"</p> <p>12 A. Sure.</p> <p>13 Q. Do you see that?</p> <p>14 A. Mm-hmm.</p> <p>15 Q. So your customer is the HCP, 16 correct?</p> <p>17 A. Yes.</p> <p>18 Q. And do you see the picture in the 19 middle of the screen?</p> <p>20 A. Yes.</p> <p>21 Q. Is that supposed to be a brain?</p> <p>22 A. It would appear to.</p> <p>23 Q. Okay. And there are some bubbles 24 in the brain. What do those bubbles say?</p>	<p style="text-align: right;">Page 108</p> <p>1 Keep going. Keep going. Keep going. Keep 2 going. That's it.</p> <p>3 Do you see this -- I don't know if 4 this is a product insert or what it is. Are you 5 familiar with this? The document -- it says, 6 "Now may be the time for a switch?"</p> <p>7 A. Yes.</p> <p>8 Q. Okay. Is this a type of material 9 that you would have provided to an HCP?</p> <p>10 A. Yes, I believe so.</p> <p>11 Q. Are you -- as you sit here today, 12 do you recall this?</p> <p>13 A. I recall, like, seeing this 14 before. I don't ever recall having this out in 15 the field with me, but I do remember, like, this 16 picture.</p> <p>17 Q. Okay. If you turn the page, the 18 next one says, "Once daily Exalgo may help 19 reduce pill burden"?</p> <p>20 A. Yes.</p> <p>21 Q. All right. What is -- and so if 22 you were going to provide something like this to 23 the doctor, why would you -- why would you do 24 it? A document that says, "Once daily Exalgo</p>
<p style="text-align: right;">Page 107</p> <p>1 A. OxyContin, Opana ER, and Exalgo.</p> <p>2 Q. And it says, "How big is the 3 bubble? Why?"</p> <p>4 Do you see that?</p> <p>5 A. Yes.</p> <p>6 Q. Do you know what the purpose of 7 this picture is and why they're showing you 8 these other -- these drugs?</p> <p>9 A. I have no idea.</p> <p>10 Q. All right. Would you agree that 11 Exalgo is -- that was a Mallinckrodt product?</p> <p>12 A. It was.</p> <p>13 Q. The other two products were 14 competitor products?</p> <p>15 A. Yes.</p> <p>16 Q. "How big is the bubble?" Do you 17 know what that's referring to?</p> <p>18 A. I have no idea.</p> <p>19 Q. If you turn the page about five 20 more pages from there, at the top it says 21 "Influence Questions."</p> <p>22 A. Yeah.</p> <p>23 Q. And it says -- it's got a picture 24 of a -- go -- keep going from there. Sorry.</p>	<p style="text-align: right;">Page 109</p> <p>1 may help reduce pill burden."</p> <p>2 A. So it would be to -- you would 3 show this to show that instead of taking 4 multiple pills of other products, one pill of 5 Exalgo would -- would hopefully be sufficient to 6 managing their pain instead of many patients -- 7 instead of patients taking a pill every four, 8 six, eight hours, this illustrated --</p> <p>9 Now, this is just one piece, but 10 there would also be -- it might be on here -- a 11 PK graph to show that Exalgo stayed in the blood 12 system for 24 hours. It was just -- this was 13 another way to illustrate -- illustrate the PK's 14 data.</p> <p>15 Q. Okay.</p> <p>16 A. And you mentioned here, is this a 17 PI on the back. That's not a PI. A PI would 18 have been attached to it.</p> <p>19 Q. What's a "PI"?</p> <p>20 A. A product insert, the black and 21 white fold with all of the chemical makeup.</p> <p>22 Q. Yeah, that -- I wasn't asking 23 about that. I was asking about whether or not 24 this would be a type of advertising promotional</p>

<p style="text-align: right;">Page 110</p> <p>1 material --</p> <p>2 A. Yeah. I don't know if we left</p> <p>3 this with them, but I'm sure we had it either on</p> <p>4 a visual aid that we kept or on our iPads.</p> <p>5 Q. Okay. Can you show me -- and if</p> <p>6 you need to go through this entire document,</p> <p>7 please do it -- anywhere where it talks about</p> <p>8 "educate and inform," or uses those terms? If</p> <p>9 you want to put it back in order so it's not out</p> <p>10 of order, that's fine.</p> <p>11 MR. TSAI: Object to the form of</p> <p>12 the question.</p> <p>13 Go ahead.</p> <p>14 A. I can answer the question.</p> <p>15 Q. Yes.</p> <p>16 A. So to answer your question about</p> <p>17 educating and informing --</p> <p>18 Q. Yeah.</p> <p>19 A. -- this was just a tool to teach</p> <p>20 us how to use influence selling, not how to sell</p> <p>21 Exalgo. There were examples of Exalgo and how</p> <p>22 we can implement it, but this was a new sales</p> <p>23 technique, so they were rolling this out. This</p> <p>24 wouldn't have been -- this was a probing -- a</p>	<p style="text-align: right;">Page 112</p> <p>1 standard. Are you aware of that?</p> <p>2 A. There's no -- I'm not aware of</p> <p>3 that, no.</p> <p>4 Q. Okay. How long would a typical</p> <p>5 visit last?</p> <p>6 A. It depended on the type of visit.</p> <p>7 If it was a lunch and learn, 10, 20 minutes. If</p> <p>8 it was a, you know -- a standard, you know,</p> <p>9 office call, five minutes.</p> <p>10 Q. Do you know what chronic opioid</p> <p>11 therapy is?</p> <p>12 A. Chronic opioid therapy?</p> <p>13 Q. Mm-hmm.</p> <p>14 A. I've never heard that term, but I</p> <p>15 know people that take opiates for long periods</p> <p>16 of time.</p> <p>17 Q. Okay. Did you discuss the risks</p> <p>18 of addiction from chronic opioid therapy with</p> <p>19 any of your HCPs?</p> <p>20 A. We did not, no, not that I can</p> <p>21 remember. However, on every piece, the black</p> <p>22 box states that there is a risk for addiction</p> <p>23 with Schedule II medications.</p> <p>24 Q. Are you familiar with any of the</p>
<p style="text-align: right;">Page 111</p> <p>1 probing mechanism that we used to gain</p> <p>2 information, to try to understand, you know, the</p> <p>3 thought process of the physician and to engage</p> <p>4 them into a deeper -- a deeper dialogue.</p> <p>5 The education component and the</p> <p>6 information always goes hand-in-hand with</p> <p>7 something like this. But this looks like it</p> <p>8 came from, you know, the marketing department</p> <p>9 where they studied influence selling and were</p> <p>10 rolling that out to us.</p> <p>11 Q. So it's not there?</p> <p>12 A. It's not in this packet, but</p> <p>13 I'm --</p> <p>14 Q. That's correct.</p> <p>15 A. It's not in this packet.</p> <p>16 Q. I'm going to show you another</p> <p>17 document. While we're pulling that out, how</p> <p>18 much time would the -- are you aware of any</p> <p>19 industry suggestions on how long the typical</p> <p>20 interaction would be between a sales rep and a</p> <p>21 physician?</p> <p>22 A. An indus- -- I'm sorry?</p> <p>23 MR. WATTS: Object to form.</p> <p>24 Q. Industry suggestion or industry</p>	<p style="text-align: right;">Page 113</p> <p>1 promotional materials that indicated that risk</p> <p>2 addiction was low?</p> <p>3 A. I'm not familiar with that, no.</p> <p>4 MR. DEARMAN: Thank you.</p> <p>5 Q. Do you know what a territory</p> <p>6 action plan is?</p> <p>7 A. Territory action plan? I don't.</p> <p>8 - - -</p> <p>9 (Mallinckrodt-Cox Exhibit 10 marked.)</p> <p>10 - - -</p> <p>11 BY MR. DEARMAN:</p> <p>12 Q. I'm going to show you a document</p> <p>13 which is -- we're going to mark as Exhibit</p> <p>14 Number 10. It's Bates 8593 through 8954, and</p> <p>15 there's a report attached to it.</p> <p>16 This is an e-mail from you to Tim</p> <p>17 Dress on August 22, 2014. Any reason to believe</p> <p>18 you didn't send this to Mr. Dress in the</p> <p>19 ordinary course of business?</p> <p>20 A. No.</p> <p>21 Q. Was this the point in time that</p> <p>22 you were reporting to Mr. Dress?</p> <p>23 A. It would have been, yes.</p> <p>24 Q. Okay. And this report that's</p>

<p style="text-align: right;">Page 114</p> <p>1 attached to it, it says "Xartemis Territory 2 Action Plan"?</p> <p>3 A. Yes.</p> <p>4 Q. Why would you be sending this to 5 Mr. Dress?</p> <p>6 A. He probably asked for it, but -- 7 I'm sure he needed it from each territory, but I 8 know this is about the week I resigned, so ...</p> <p>9 Q. Okay. Do you know what the -- 10 what was the point of a territory action plan?</p> <p>11 A. He probably just wanted an update 12 on, you know, the accounts going forward since I 13 was leaving.</p> <p>14 Q. And so I understand that. Were 15 these your customers?</p> <p>16 A. From what I can tell. I only sold 17 that product for such a short period of time. 18 These names are familiar.</p> <p>19 Q. Did you work on these territory 20 action plans for -- with Exalgo?</p> <p>21 A. I don't think so. I don't even 22 remember doing this.</p> <p>23 Q. Okay. So do you know who these 24 customers are?</p>	<p style="text-align: right;">Page 116</p> <p>1 key" is?</p> <p>2 A. I don't.</p> <p>3 Q. And had you seen something like 4 this with regard to Exalgo?</p> <p>5 A. Possibly. I don't -- I mean, I -- 6 possibly. I really don't -- I don't remember 7 but I'm sure there was something like this.</p> <p>8 - - -</p> <p>9 (Mallinckrodt-Cox Exhibit 11 marked.) 10 - - -</p> <p>11 Q. I'm going to show you what's 12 marked as Exhibit 11, and it's an e-mail, 8035, 13 from Tim Dress to multiple people, including 14 yourself. Any reason to believe you didn't 15 receive that in the ordinary course of your 16 business?</p> <p>17 A. No. I'm sure I did.</p> <p>18 Q. I'm trying to find my copy of that 19 document. That's why it's taking me so long. 20 Can I see that document, that 21 exhibit for a second?</p> <p>22 Do you see the -- in the third 23 bullet point where it talks about shared 24 accounts?</p>
<p style="text-align: right;">Page 115</p> <p>1 A. I recognize the names of a few of 2 them.</p> <p>3 Q. Number -- can you go to 65 and 4 tell me -- take a look at that one. A Lawrence 5 Bruno. Do you know who that is?</p> <p>6 A. I think he's a surgeon. Yes.</p> <p>7 Q. So if you go all the way to the 8 other end under "Comments," it says, "Need to 9 spend time with staff where his outpatient 10 surgery is done."</p> <p>11 A. Sure.</p> <p>12 Q. Do you know why those comments 13 would be part of this report?</p> <p>14 A. Yeah. I think that's where he -- 15 he would make decisions on what medication the 16 patients would get would be in the outpatient 17 surgery center.</p> <p>18 Q. If you go to the last page of this 19 document, it says, "XXR Territory Action Plan 20 Data Field Key."</p> <p>21 A. Yes.</p> <p>22 Q. It looks like this (indicating).</p> <p>23 A. Mm-hmm.</p> <p>24 Q. Do you know what the "data field</p>	<p style="text-align: right;">Page 117</p> <p>1 A. Yes.</p> <p>2 Q. Do you know what that was in 3 reference to and why they were going to shared 4 accounts at that point in time?</p> <p>5 A. I don't remember this, but I -- I 6 don't remember actually executing this, but I do 7 remember that the representative and their DM 8 were going to work together on account to -- you 9 know, to help grow and educate the staff on 10 Xartemis. I don't think we ever put it into 11 place. I can't remember doing that with Tim, 12 but maybe we did. It just seemed to be like a 13 collaborative thing that we were working on.</p> <p>14 Q. Do you see the last bullet point, 15 "When approaching orthos, you need to know the 16 following"?</p> <p>17 A. Yes.</p> <p>18 Q. "What type of surgeries they do 19 and where"?</p> <p>20 A. Yes.</p> <p>21 Q. "Which of these surgeries do they 22 use Percocet for acute pain"?</p> <p>23 A. Yes.</p> <p>24 Q. Do you know why it was important</p>

<p style="text-align: right;">Page 118</p> <p>1 to know what type of surgeries they do and which</p> <p>2 they use Percocet for?</p> <p>3 A. Well, Percocet would have been the</p> <p>4 competitor, so I think it was important for us</p> <p>5 to know what type of surgery they did so we</p> <p>6 could see if Xartemis was an appropriate option</p> <p>7 for their patient.</p> <p>8 Q. You see where it says further down</p> <p>9 in that paragraph, "If you have buy-in and</p> <p>10 closed them for business, you must ask them to</p> <p>11 look at their schedule to identify patients for</p> <p>12 XXR that day"?</p> <p>13 A. Yes.</p> <p>14 Q. "There is no reason to wait. We</p> <p>15 are not looking for 1 TRx."</p> <p>16 A. Mm-hmm.</p> <p>17 Q. What does that mean?</p> <p>18 A. He -- again, I didn't write -- I</p> <p>19 didn't write this e-mail but I can speculate</p> <p>20 that he is asking us to encourage the physician</p> <p>21 to look for places in their schedule where</p> <p>22 Xartemis would be an appropriate option.</p> <p>23 Q. And where they can write more than</p> <p>24 one prescription?</p>	<p style="text-align: right;">Page 120</p> <p>1 make sense, and providers knew that.</p> <p>2 ---</p> <p>3 (Mallinckrodt-Cox Exhibit 12 marked.)</p> <p>4 ---</p> <p>5 BY MR. DEARMAN:</p> <p>6 Q. Let me show you Exhibit 12.</p> <p>7 There's a -- let me have that exhibit back.</p> <p>8 There's an exhibit -- there's another page which</p> <p>9 I, for some reason have, that I think goes with</p> <p>10 that document that we should mark, but I only</p> <p>11 have one copy of it.</p> <p>12 A. Do you want this back?</p> <p>13 Q. Yeah. Let me see it. Let me see</p> <p>14 both pages back. Sorry about that.</p> <p>15 Yeah. They're the same numbers.</p> <p>16 I'm writing 12 at the bottom of</p> <p>17 it. I'm showing you a document which is</p> <p>18 Exhibit 12 still but it's got an e-mail 3521,</p> <p>19 and it goes through 3254 with a document</p> <p>20 attached, and you can -- the e-mail only says</p> <p>21 "See attached."</p> <p>22 Any reason to believe you didn't</p> <p>23 receive this e-mail in the ordinary course of</p> <p>24 your business?</p>
<p style="text-align: right;">Page 119</p> <p>1 A. Yes.</p> <p>2 Q. Okay. And you received this</p> <p>3 e-mail?</p> <p>4 A. I did.</p> <p>5 Q. All right. And did you send -- do</p> <p>6 you recall sending Tim an e-mail that you didn't</p> <p>7 understand that, or do you understand it?</p> <p>8 A. I understand it, yeah.</p> <p>9 Q. Okay.</p> <p>10 A. It doesn't mean I did it, but ...</p> <p>11 Q. Did you do it?</p> <p>12 A. I doubt it.</p> <p>13 Q. Okay. Why?</p> <p>14 A. Again, at this point I was looking</p> <p>15 for a new job. I didn't want to be selling in</p> <p>16 this space. I didn't want to be calling on</p> <p>17 surgery centers. So I'm sure I didn't do it.</p> <p>18 Q. And I know you mentioned some of</p> <p>19 the reasons, but is it because you didn't want</p> <p>20 to ask them to write more than one prescription?</p> <p>21 A. No. I didn't have a problem</p> <p>22 asking them to write more than one prescription.</p> <p>23 This medication was very expensive, and the</p> <p>24 competition was very inexpensive. It didn't</p>	<p style="text-align: right;">Page 121</p> <p>1 A. No. I'm sure I received it.</p> <p>2 Q. Okay. It says, "2014 Mid-Year</p> <p>3 Performance Discussion Guide."</p> <p>4 A. Okay.</p> <p>5 Q. Are you familiar with this type of</p> <p>6 a document?</p> <p>7 A. Yes.</p> <p>8 Q. Okay. What was this used for?</p> <p>9 A. Just tracking -- tracking our</p> <p>10 development and our performance midyear.</p> <p>11 Q. Okay. And is it -- then at the</p> <p>12 bottom is it setting additional goals for 2014?</p> <p>13 A. Is it setting -- it looks like it.</p> <p>14 I don't know.</p> <p>15 Q. Okay. If you look at the first</p> <p>16 section, "Leader's assessment of progress</p> <p>17 towards goal (On/Off Track)."</p> <p>18 A. Yes.</p> <p>19 Q. It says that you're -- it says</p> <p>20 "Off Track"?</p> <p>21 A. Yes.</p> <p>22 Q. Do you know what that means?</p> <p>23 A. I don't know. I'm off track. I</p> <p>24 can't recall that.</p>

<p style="text-align: right;">Page 122</p> <p>1 Q. All right. In regard to 2 performance, you finished quarter one 3 141 percent to goal for Exalgo and 92 percent 4 for Pennsaid? 5 A. Yes. 6 Q. You finished quarter 2, January, 7 139 percent to goal for Exalgo -- 8 A. Yes. 9 Q. -- and 77 for Pennsaid? 10 A. Yes. 11 Q. And for Pennsaid, 1.5 percent? 12 A. Yes. 13 Q. What does that mean, by the way, 14 when it's -- 15 A. That was the dose. 16 Q. Okay. So when it says 17 "139 percent to goal for Exalgo," what does that 18 mean? 19 A. So whatever my goal was for that 20 quarter -- 21 Q. Okay. 22 A. -- which would have probably -- 23 you know, it was -- it's relative to my 24 territory. So ...</p>	<p style="text-align: right;">Page 124</p> <p>1 A. No. 2 Q. On the second page, it says, "List 3 any barriers that stand in the way of goal 4 accomplishment based on discussion." 5 Do you have any idea whether there 6 were issues with pharmacy stocking? 7 A. There were issues with pharmacy 8 stocking, yes. 9 Q. Was that as -- was that in regards 10 to Xartemis or Exalgo? 11 A. Xartemis. 12 Q. Xartemis. Thank you. 13 A. That's okay. People say it both 14 ways. 15 Q. XXR, how's that? 16 A. That's fine. 17 Q. It says, "Nobody calling on this 18 territory affects your pharmacy stocking and 19 Xartemis XR awareness in general for your 20 territory," under the "barriers" paragraph. 21 A. Yeah. "Nobody calling on this 22 territory affects your pharmacy ..." 23 Yeah, I see that, yes. 24 Q. What does that mean?</p>
<p style="text-align: right;">Page 123</p> <p>1 Q. Understood. 2 A. You know, maybe it was -- I don't 3 know. I'm speculating, 20 prescriptions. 4 Q. I'm not asking you to do that. 5 I'm just saying, so it relates to whatever your 6 goal was? 7 A. Yeah, and a percentage over it. 8 Q. So you were 139 percent over your 9 goal for Exalgo? 10 A. Correct. 11 Q. Okay. And it says, "You are 12 ranked fifth in the nation per the January rank 13 report, nice job." 14 A. Yeah, mm-hmm. 15 Q. Do you know what the realignment 16 was that caused changes to your geography? 17 A. I didn't have any -- yes. We 18 added a whole contract sales team. So we added, 19 I believe, like 100 or so more people in the 20 field. So that caused a lot of geographies to 21 change. Mine didn't really change. 22 Q. Was the fact that they added those 23 additional folks one of the reasons that you 24 left?</p>	<p style="text-align: right;">Page 125</p> <p>1 A. "Nobody calling on this territory 2 affects your pharmacy ..." there must have been 3 a vacancy somewhere in the district and maybe I 4 picked up part of it. I'm not really sure. 5 Q. If you drop down under "Leader's 6 assessment of employee demonstrating 7 Mallinckrodt's Cultural Hallmarks." 8 A. Mm-hmm, yes. 9 Q. One of them is you're engaged. Do 10 you see that? 11 A. Yes. 12 Q. There's another that's 13 "Collaborative"? 14 A. Yes. 15 Q. "Competitive"? 16 A. Yes. 17 Q. "You follow up daily with 18 physicians who have given their commitment to 19 writing. You always make the total office 20 call" -- 21 A. Yes. 22 Q. -- "to ensure the script does not 23 get lost and are focused on driving business 24 every day"?</p>

<p style="text-align: right;">Page 126</p> <p>1 A. Yes.</p> <p>2 Q. You agree you were focused on</p> <p>3 driving business every day?</p> <p>4 A. I was.</p> <p>5 Q. Okay. And you were high</p> <p>6 performing. You were ranked fifth in the nation</p> <p>7 in January, correct?</p> <p>8 A. Yes.</p> <p>9 Q. If you go to the next page under</p> <p>10 "Comments," it says, "You got off to a great</p> <p>11 start" -- this is under "Additional Comments."</p> <p>12 A. Mm-hmm.</p> <p>13 Q. "You got off to a great start in</p> <p>14 FY '14 and are in the hunt for Presidents Club."</p> <p>15 What does that mean?</p> <p>16 A. I was tracking to finish the year</p> <p>17 in the top percentage that would be -- that</p> <p>18 would meet the president's club requirement.</p> <p>19 Q. And one of the things that he</p> <p>20 tells you is you're going to need to accelerate</p> <p>21 your Xartemis XR business to have a chance in</p> <p>22 the second half.</p> <p>23 A. Yes.</p> <p>24 Q. You left before having a chance in</p>	<p style="text-align: right;">Page 128</p> <p>1 inappropriate target.</p> <p>2 Q. Okay. And what is an</p> <p>3 "inappropriate target"?</p> <p>4 A. It would be a target that we</p> <p>5 would -- if they were -- if we witnessed them</p> <p>6 overprescribing any medication or giving a</p> <p>7 patient too much medication and we were there to</p> <p>8 witness it, then we would have the ability to</p> <p>9 remove them from our target list.</p> <p>10 Q. Okay. That would be the</p> <p>11 inappropriate target?</p> <p>12 A. Yes.</p> <p>13 Q. What type of training did you</p> <p>14 receive, if any, to make that determination?</p> <p>15 A. I don't recall the training. I</p> <p>16 just know that it was often presented as an</p> <p>17 option to remove targets that were</p> <p>18 inappropriate.</p> <p>19 Q. Do you know who Dr. Akhtar-Zaidi,</p> <p>20 Z-a-i-d-i, is?</p> <p>21 A. Dr. Zaidi.</p> <p>22 Q. Yeah.</p> <p>23 A. I do know who he is. He was not</p> <p>24 on my call list.</p>
<p style="text-align: right;">Page 127</p> <p>1 the second half, correct?</p> <p>2 A. Yes.</p> <p>3 Q. Okay. We talked about target</p> <p>4 reports where it would have lists of doctors.</p> <p>5 Do you recall that?</p> <p>6 A. Yes.</p> <p>7 Q. Do you know whether or not there</p> <p>8 were ever changes made to targets for reasons,</p> <p>9 meaning that a target would come off of one of</p> <p>10 the lists?</p> <p>11 A. So I can only speak to my</p> <p>12 territory.</p> <p>13 Q. Fair enough.</p> <p>14 A. I didn't have any that I can</p> <p>15 remember pulling off of the target list for any</p> <p>16 reason, but there always was a -- it was a</p> <p>17 process where we could remove physicians from</p> <p>18 time to time.</p> <p>19 Q. And do you know why a -- what were</p> <p>20 the reasons why doctors would be removed from</p> <p>21 target lists?</p> <p>22 A. If they were dead, jailed,</p> <p>23 retired, or whereabouts -- what we call WAUNK,</p> <p>24 whereabouts unknown, fled, or if they were an</p>	<p style="text-align: right;">Page 129</p> <p>1 Q. Okay.</p> <p>2 A. He was part of the Cleveland East</p> <p>3 territory.</p> <p>4 Q. Okay. How do you know him?</p> <p>5 A. Just as a -- he -- I know he's one</p> <p>6 of the physicians who lost his license.</p> <p>7 Q. Okay.</p> <p>8 A. But, again, not my territory.</p> <p>9 Q. Understood. Do you know who</p> <p>10 Rosemary Polomano is?</p> <p>11 A. I do not, no.</p> <p>12 Q. Early on I asked you about a key</p> <p>13 opinion leader and you gave me the name of</p> <p>14 somebody. Do you recall who that was?</p> <p>15 A. Dr. Bharat Shah.</p> <p>16 Q. Yeah. What kind of doctor was he?</p> <p>17 A. Pain management, anesthesiology.</p> <p>18 He -- yeah. He had a private practice in Lorain</p> <p>19 County.</p> <p>20 Q. Okay. So he was one of the HCPs</p> <p>21 that was one of your targets?</p> <p>22 A. Yes.</p> <p>23 Q. And he also agreed to serve as a</p> <p>24 key opinion leader?</p>

<p style="text-align: right;">Page 130</p> <p>1 A. He did.</p> <p>2 Q. Would he be compensated for that?</p> <p>3 A. He was.</p> <p>4 Q. Okay. And what would be the</p> <p>5 reason that you would want to use a key opinion</p> <p>6 leader?</p> <p>7 A. He was credentialed through, you</p> <p>8 know, the American Academy of Pain Management.</p> <p>9 He was a private practice owner and was a -- one</p> <p>10 of the only pain management physicians in Lorain</p> <p>11 County with a large pool of patients, treated a</p> <p>12 variety of pain issues. He was well respected,</p> <p>13 well trained.</p> <p>14 Q. Did he write Exalgo prescriptions?</p> <p>15 A. He did. He wrote all of the</p> <p>16 products.</p> <p>17 Q. Was he your largest writer of</p> <p>18 Exalgo prescriptions?</p> <p>19 A. I don't remember, but he was one</p> <p>20 of them.</p> <p>21 Q. Okay.</p> <p>22 A. I don't know if he was necessarily</p> <p>23 the largest. Maybe from -- during certain</p> <p>24 points. But, again, he had the largest</p>	<p style="text-align: right;">Page 132</p> <p>1 who Jay and Gavin are?</p> <p>2 A. I do.</p> <p>3 Q. Who --</p> <p>4 A. They were transitioning, but they</p> <p>5 were the regional managers, the regional</p> <p>6 directors, one level above my boss.</p> <p>7 Q. Okay. Do you see underneath it</p> <p>8 where it says, "Cleveland West was originally</p> <p>9 designed as a Pennsaid territory"?</p> <p>10 A. Yes.</p> <p>11 Q. "Nobody has fought harder for</p> <p>12 every Exalgo script than Erin"?</p> <p>13 A. Correct.</p> <p>14 Q. "She is one of the most talented</p> <p>15 representatives I've ever worked with."</p> <p>16 A. Mm-hmm.</p> <p>17 Q. And then it goes on to talk about</p> <p>18 "Exalgo potential in Cleveland West"?</p> <p>19 A. Right.</p> <p>20 Q. So is it accurate that your</p> <p>21 territory was originally a Pennsaid territory</p> <p>22 but then changed to an Exalgo territory?</p> <p>23 A. It never changed and it was never,</p> <p>24 you know, one or the other. Based on the</p>
<p style="text-align: right;">Page 131</p> <p>1 practice, so he would have had the largest</p> <p>2 patients to treat -- the largest amount of</p> <p>3 patients to treat.</p> <p>4 Another reason I chose him as a</p> <p>5 KOL is he took care of a lot of very poor</p> <p>6 patients and workers' comp, so he had very</p> <p>7 complex cases and had a lot of -- a lot of</p> <p>8 experience.</p> <p>9 - - -</p> <p>10 (Mallinckrodt-Cox Exhibit 13 marked.)</p> <p>11 - - -</p> <p>12 Q. I'm going to hand you what is</p> <p>13 marked as Exhibit 13 now, which is Bates range</p> <p>14 0768 through 0769. This is dated 11/20/2013</p> <p>15 from you to Kevin Becker.</p> <p>16 A. Mm-hmm.</p> <p>17 Q. Subject "Q3 Performance."</p> <p>18 A. Yes.</p> <p>19 Q. If you start at the second page</p> <p>20 0769, which was the -- actually, I'm sorry. The</p> <p>21 e-mail actually begins -- it's one string. It's</p> <p>22 just a long one. 0768. You were forwarding to</p> <p>23 Kevin an e-mail from Jay and Gavin.</p> <p>24 Do you know exactly what this --</p>	<p style="text-align: right;">Page 133</p> <p>1 demographics, the opportunity mostly would lie</p> <p>2 within Pennsaid. I was still responsible for</p> <p>3 Exalgo, either 30 percent, 40 percent, initially</p> <p>4 50 percent. So I had to, you know, call on the</p> <p>5 pain management physicians that were in the</p> <p>6 territory. There was a lack -- it says right</p> <p>7 there "a lack of pain management physicians."</p> <p>8 Q. Yeah. I'm going to get to that.</p> <p>9 And I'll get to that.</p> <p>10 So you see the 1, 2, 3, 4 numbers</p> <p>11 under "Exalgo potential in Cleveland West?"</p> <p>12 A. Yes.</p> <p>13 Q. Do you know what any of that is?</p> <p>14 "0 decile 10 targets, 1 decile 9 Exalgo target,</p> <p>15 and this physician practices at the main campus</p> <p>16 of the Cleveland Clinic, no access"?</p> <p>17 A. Yes. I see -- yes.</p> <p>18 Q. Yeah. Okay. So what does</p> <p>19 those -- what does that -- what does that mean?</p> <p>20 What's that telling you?</p> <p>21 A. The "0 decile 10 targets"?</p> <p>22 Q. Yeah.</p> <p>23 A. That means -- I don't know what</p> <p>24 the "decile" means -- actually, I don't know</p>

<p style="text-align: right;">Page 134</p> <p>1 what either of those means.</p> <p>2 Q. Well, is "decile" the number of</p> <p>3 prescriptions that are written?</p> <p>4 A. No, no. It wouldn't have anything</p> <p>5 to do with that. I don't know what they -- what</p> <p>6 they included as a decile. Yeah, I'm not really</p> <p>7 sure. I mean -- I have no idea.</p> <p>8 Q. All right. So now if we go to the</p> <p>9 paragraph that you were referring to before,</p> <p>10 "With a lack of pain management physicians in</p> <p>11 your territory, you've done a tremendous job of</p> <p>12 finding Exalgo business in other places, which</p> <p>13 has been mostly primary care."</p> <p>14 What does that mean?</p> <p>15 A. I had an office that treated a lot</p> <p>16 of pain. They were a group of family practice</p> <p>17 physicians, and they -- they treated the pain</p> <p>18 without referring out. They also had a lot of</p> <p>19 workers' comp patients. So it was just easier</p> <p>20 for them to keep everything in-house.</p> <p>21 Q. Okay. It says, "As a result of</p> <p>22 Ohio HB 93, 2 of her top Exalgo writers (primary</p> <p>23 care) had to stop practicing pain management."</p> <p>24 A. That's correct.</p>	<p style="text-align: right;">Page 136</p> <p>1 ---</p> <p>2 BY MR. DEARMAN:</p> <p>3 Q. I'm going to show you what I'm</p> <p>4 going to mark as Exhibit Number 17 [sic], which</p> <p>5 is Bates numbers 3040 --</p> <p>6 MR. DEARMAN: 14. Am I wrong?</p> <p>7 MS. OKUN: You said 17.</p> <p>8 MR. DEARMAN: I did? All right.</p> <p>9 I meant 14. Thank you very much. I'm</p> <p>10 glad you know what I mean.</p> <p>11 (Discussion held off the record.)</p> <p>12 BY MR. DEARMAN:</p> <p>13 Q. Exhibit Number 14, which says</p> <p>14 "Pain Management pocketcard Set." Have you ever</p> <p>15 seen a document like this before.</p> <p>16 A. I have never seen a document like</p> <p>17 this before.</p> <p>18 Q. Have you ever provided a document</p> <p>19 like this to a HCP?</p> <p>20 A. Not that I can recall.</p> <p>21 Q. If you look at the first page of</p> <p>22 the document where it says, "Ask, Assess, Treat</p> <p>23 and Monitor."</p> <p>24 Do you see that?</p>
<p style="text-align: right;">Page 135</p> <p>1 Q. What does that mean?</p> <p>2 A. House Bill 93 limited writing of</p> <p>3 opioids to only -- long-acting opioids to only</p> <p>4 board certified pain management physicians.</p> <p>5 Q. So that impacted the number of</p> <p>6 targets you had in your territory?</p> <p>7 A. It did, yes.</p> <p>8 MR. DEARMAN: Okay. Can we take a</p> <p>9 break? I don't know where we are in the</p> <p>10 scheme of things, but ...</p> <p>11 MR. TSAI: Well, we've been going</p> <p>12 over an hour since the last break. It's</p> <p>13 around noon.</p> <p>14 MR. DEARMAN: Yeah.</p> <p>15 MR. TSAI: Do you want to go a</p> <p>16 little bit more and -- I don't know.</p> <p>17 It's up to everyone.</p> <p>18 THE VIDEOGRAPHER: Off the record,</p> <p>19 11:55.</p> <p>20 (Recess taken.)</p> <p>21 MR. DEARMAN: On the record,</p> <p>22 12:06.</p> <p>23 ---</p> <p>24 (Mallinckrodt-Cox Exhibit 14 marked.)</p>	<p style="text-align: right;">Page 137</p> <p>1 A. Yes.</p> <p>2 Q. Under "Ask" it says, "Always ask</p> <p>3 patient about the presence of pain and accept</p> <p>4 the patient's report of pain."</p> <p>5 Do you recall that?</p> <p>6 A. I don't recall any of this.</p> <p>7 Q. Would that be the same thing for</p> <p>8 under -- if you look under "Monitor" where it</p> <p>9 says, "Most opioid agonists have no analgesic</p> <p>10 ceiling dose."</p> <p>11 You don't recall that either?</p> <p>12 A. Analgesics have no -- I -- I --</p> <p>13 that is a statement I remember, yes.</p> <p>14 Q. Okay. So is that a statement that</p> <p>15 you would have discussed with an HCP?</p> <p>16 A. I would have only talked to</p> <p>17 Exalgo's analgesic ceiling dose, not other</p> <p>18 analgesic ceiling doses.</p> <p>19 Q. Okay. In that same box under</p> <p>20 "Monitor" it says, "Addiction rarely occurs</p> <p>21 unless there's an hx, history, of abuse."</p> <p>22 Do you see that?</p> <p>23 A. I see that.</p> <p>24 Q. Is that something that you would</p>

<p style="text-align: right;">Page 138</p> <p>1 have also discussed?</p> <p>2 A. I would have never discussed that.</p> <p>3 Q. Okay.</p> <p>4 A. That would have been inappropriate</p> <p>5 to discuss.</p> <p>6 Q. Okay. And why is that?</p> <p>7 A. That's a false statement.</p> <p>8 Q. Okay. How do you know that's a</p> <p>9 false statement?</p> <p>10 A. I mean, I guess I don't know that</p> <p>11 it's a false statement, but if you had ten</p> <p>12 doctors in here, I'm sure all ten of them would</p> <p>13 tell you that's a false statement.</p> <p>14 Q. Okay. So you believe it's false?</p> <p>15 A. I believe it's a false statement,</p> <p>16 yes.</p> <p>17 - - -</p> <p>18 (Mallinckrodt-Cox Deposition Exhibit 15 marked.)</p> <p>19 - - -</p> <p>20 Q. Okay. Let me show you a document</p> <p>21 which we're going to mark as Exhibit 15. This</p> <p>22 is an e-mail with some attachments. Sorry about</p> <p>23 that. We need to clip that to the back of that</p> <p>24 because that's together.</p>	<p style="text-align: right;">Page 140</p> <p>1 Q. Do you see the last bullet point,</p> <p>2 "Risk of addiction rare"?</p> <p>3 A. Sure.</p> <p>4 Q. Do you believe that that's a false</p> <p>5 statement?</p> <p>6 A. I believe that's a false</p> <p>7 statement.</p> <p>8 MR. DEARMAN: I don't have any</p> <p>9 other questions for the witness at this</p> <p>10 time.</p> <p>11 THE VIDEOGRAPHER: Off the record,</p> <p>12 12:12.</p> <p>13 (Signature not waived.)</p> <p>14 - - -</p> <p>15 Thereupon, at 12:12 p.m., on Thursday,</p> <p>16 January 17, 2019, the deposition was concluded.</p> <p>17 - - -</p>
<p style="text-align: right;">Page 139</p> <p>1 It's an e-mail, which is 8914 to</p> <p>2 8918, and then attached to it is the Magnacet or</p> <p>3 guidelines, I guess. Attached to it is</p> <p>4 something that says "Guidelines. Managing:</p> <p>5 Pain," which is 8919 through 8926.</p> <p>6 I'm going to direct your attention</p> <p>7 to 8919 where -- the guideline document that I</p> <p>8 provided you with.</p> <p>9 A. Okay.</p> <p>10 Q. Are you familiar with this</p> <p>11 document?</p> <p>12 A. I am not.</p> <p>13 Q. If you turn to the second page,</p> <p>14 which is 8920, under Table 5, "Principles of</p> <p>15 Pain Management with Opioids."</p> <p>16 A. Yes.</p> <p>17 Q. Do you see where it says, "Risk of</p> <p>18 addiction rare (see Table 7)"?</p> <p>19 The last bullet point.</p> <p>20 A. Table 7.</p> <p>21 Q. It's up at the top, top right, it</p> <p>22 says "Table 5, Principles" --</p> <p>23 A. Oh, I see it, yes. Okay.</p> <p>24 "Risk" --</p>	<p style="text-align: right;">Page 141</p> <p>1 CERTIFICATE</p> <p>2 STATE OF OHIO : SS:</p> <p>3 COUNTY OF _____:</p> <p>4</p> <p>5 I, ERIN M. COX, do hereby certify that I</p> <p>6 have read the foregoing transcript of my</p> <p>7 cross-examination given on January 17, 2019; that</p> <p>8 together with the correction page attached hereto</p> <p>9 noting changes in form or substance, if any, it is</p> <p>10 true and correct.</p> <p>11 _____</p> <p>12 ERIN M. COX</p> <p>13</p> <p>14 I do hereby certify that the foregoing</p> <p>15 transcript of the cross-examination of ERIN M. COX was</p> <p>16 submitted to the witness for reading and signing; that</p> <p>17 after she had stated to the undersigned Notary Public</p> <p>18 that she had read and examined her cross-examination,</p> <p>19 she signed the same in my presence on the _____ day</p> <p>20 of _____, 2019.</p> <p>21 _____</p> <p>22 NOTARY PUBLIC - STATE OF OHIO</p> <p>23 My Commission Expires:</p> <p>24 _____, ____.</p>

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1 CERTIFICATE

2 STATE OF OHIO :

SS:

3 COUNTY OF FRANKLIN :

4 I, Carol A. Kirk, a Registered Merit
 Reporter and Notary Public in and for the State of
 5 Ohio, duly commissioned and qualified, do hereby
 certify that the within-named ERIN M. COX was by me
 6 first duly sworn to testify to the truth, the whole
 truth, and nothing but the truth in the cause
 7 aforesaid; that the deposition then given by her was
 by me reduced to stenotype in the presence of said
 8 witness; that the foregoing is a true and correct
 transcript of the deposition so given by her; that the
 9 deposition was taken at the time and place in the
 caption specified and was completed without
 10 adjournment; and that I am in no way related to or
 employed by any attorney or party hereto or
 11 financially interested in the action; and I am not,
 nor is the court reporting firm with which I am
 12 affiliated, under a contract as defined in Civil Rule
 28(D).

13
 14 IN WITNESS WHEREOF, I have hereunto set my
 hand and affixed my seal of office at Columbus, Ohio
 on this 21st day of January 2019.

15

16

17

18

CAROL A. KIRK, RMR

NOTARY PUBLIC - STATE OF OHIO

19 My Commission Expires: April 9, 2022.

20

21

22

23

24

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1 DEPOSITION ERRATA SHEET

2 I, ERIN M. COX, have read the transcript
 of my deposition taken on the 17th day of January
 3 2019, or the same has been read to me. I request that
 the following changes be entered upon the record for
 4 the reasons so indicated. I have signed the signature
 page and authorize you to attach the same to the
 5 original transcript.

6 Page Line Correction or Change and Reason Therefor:

7 _____

8 _____

9 _____

10 _____

11 _____

12 _____

13 _____

14 _____

15 _____

16 _____

17 _____

18 _____

19 _____

20 _____

21 _____

22 _____

23 _____

24 Date _____ Signature _____